

<i>SERFF Tracking Number:</i>	<i>AENX-126359334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43910</i>
<i>Company Tracking Number:</i>	<i>AH AR0167101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>2009 Behavioral Health</i>		
<i>Project Name/Number:</i>	<i>2009 Behavioral Health/AH AR0167101F01</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 Behavioral Health

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001A Any Size Group - PPO

Filing Type: Form

SERFF Tr Num: AENX-126359334 State: Arkansas

SERFF Status: Closed-Approved-Closed
Closed

Co Tr Num: AH AR0167101F01

Author: SPI AetnaSPI

Date Submitted: 10/26/2009

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 11/04/2009

Disposition Status: Approved-Closed
Closed

Implementation Date Requested:

State Filing Description:

Implementation Date:

General Information

Project Name: 2009 Behavioral Health

Project Number: AH AR0167101F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/04/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 11/04/2009

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AetnaSPI

Filing Description:

The purpose of this filing is to amend our Booklet-Certificate forms in order to comply with Federal Law HR 2851 Wellston and Domenici Mental Health Parity and Addiction Equity Act of 2008.

This law requires that coverage for Mental Disorders and Substance Abuse, when provided by large group and certain small group employers, must minimally be paid on the same basis as any other illness.

Company and Contact

Filing Contact Information

SERFF Tracking Number: AENX-126359334 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 43910
Company Tracking Number: AH AR0167101F01
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: 2009 Behavioral Health
Project Name/Number: 2009 Behavioral Health/AH AR0167101F01

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com

Manager

151 Farmington Avenue 860-279-1282 [Phone]
Mail Stop RW61 860-952-2069 [FAX]
Hartford, CT 06156

Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name: Aetna	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$0.00	10/26/2009	

<i>SERFF Tracking Number:</i>	<i>AENX-126359334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43910</i>
<i>Company Tracking Number:</i>	<i>AH AR0167101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>2009 Behavioral Health</i>		
<i>Project Name/Number:</i>	<i>2009 Behavioral Health/AH AR0167101F01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/04/2009	11/04/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
filing fee check	Note To Reviewer	SPI AetnaSPI	11/02/2009	11/02/2009
Filing Fee	Note To Filer	Rosalind Minor	10/30/2009	10/30/2009

<i>SERFF Tracking Number:</i>	<i>AENX-126359334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43910</i>
<i>Company Tracking Number:</i>	<i>AH AR0167101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>2009 Behavioral Health</i>		
<i>Project Name/Number:</i>	<i>2009 Behavioral Health/AH AR0167101F01</i>		

Disposition

Disposition Date: 11/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-126359334 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 43910
Company Tracking Number: AH AR0167101F01
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: 2009 Behavioral Health
Project Name/Number: 2009 Behavioral Health/AH AR0167101F01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	GR-9N Cover Letter	Approved-Closed	Yes
Supporting Document	EOV GR-9N 08-065 04, EOV GR-9N 10-086 01, EOV GR-9N 11-172 01, EOV GR-9N 14-186 01, EOV GR-9N 34-065 04, EOV GR-9N S-08-05 04, EOV GR-9N S-10-05 03, EOV GR-9N S-11-05 04, EOV GR-9N S-12 -05 02, EOV GR-9N S-13-05 03, EOV GR-9N S-14-05 04, EOV GR-9N S, ...	Approved-Closed	Yes
Form	PPO-SRC_Lifetime Maximums	Approved-Closed	Yes
Form	List of Services & Supplies Requiring Precertification	Approved-Closed	Yes
Form	Mental Disorders & Substance Abuse (Basic Medical)	Approved-Closed	Yes
Form	Mental Disorders & Substance Abuse (Comprehensive)	Approved-Closed	Yes
Form	Mental Disorders & Substance Abuse (SRC)	Approved-Closed	Yes
Form	Glossary_Mental Disorders	Approved-Closed	Yes
Form	Basic Medical	Approved-Closed	Yes
Form	PPO_Deductibles, Coinsurance Limits, Maximums	Approved-Closed	Yes
Form	POS_Deductibles, Coinsurance Limits, Maximums	Approved-Closed	Yes
Form	COMP_Deductibles, Coinsurance Limits, Maximums	Approved-Closed	Yes
Form	COMP-SRC_Deductibles	Approved-Closed	Yes
Form	COMP-SRC_Calendar Year Maximums	Approved-Closed	Yes
Form	COMP-SRC_Lifetime Maximums	Approved-Closed	Yes
Form	PPO-SRC_Deductibles	Approved-Closed	Yes
Form	PPO-SRC_Calendar Year Maximums	Approved-Closed	Yes
Form	PPO_Mental Disorder and Substance Abuse	Approved-Closed	Yes
Form	POS_Mental Disorders & Substance	Approved-Closed	Yes

<i>SERFF Tracking Number:</i>	<i>AENX-126359334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43910</i>
<i>Company Tracking Number:</i>	<i>AH AR0167101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>2009 Behavioral Health</i>		
<i>Project Name/Number:</i>	<i>2009 Behavioral Health/AH AR0167101F01</i>		

	Abuse		
Form	COMP_Mental Disorders & Substance Abuse	Approved-Closed	Yes
	Abuse		
Form	COMP-SRC_Mental Disorders & Substance Abuse	Approved-Closed	Yes
	Abuse		
Form	COMP-PPO_Mental Disorders & Substance Abuse	Approved-Closed	Yes
	Certification For Substance Abuse or Mental Disorders		
Form	Treatment of Mental Disorders and Substance Abuse	Approved-Closed	Yes



Aetna Inc.
Aetna Accounts Payable, RW51
161 Farmington Avenue
Hartford, CT 06156-9132

Issuing Dept.: Accounts Payable
Vendor Number: 32364

No.

553374

02/20/11

02/26/2008

PAY *Fifty and 00/100 Dollars*

TO THE
ORDER OF

STATE OF ARKANSAS
ARKANSAS INSURANCE DEPT
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201
United States

*****\$50.00

NOT VALID AFTER 1 YEAR

AUTHORIZED SIGNATURE

CITIBANK N.A.
ONE PENNS WAY, NEW CASTLE, DELAWARE 19720

DO NOT CASH IF EITHER BLUE BACKGROUND OR WATERMARKED PAPER IS MISSING! - HOLD TO LIGHT TO VERIFY WATERMARKED PAPER

⑈0000553374⑈ ⑆031100209⑆ 38591731⑈

<i>SERFF Tracking Number:</i>	<i>AENX-126359334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43910</i>
<i>Company Tracking Number:</i>	<i>AH AR0167101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>2009 Behavioral Health</i>		
<i>Project Name/Number:</i>	<i>2009 Behavioral Health/AH AR0167101F01</i>		

Note To Reviewer

Created By:

SPI AetnaSPI on 11/02/2009 01:18 PM

Last Edited By:

Rosalind Minor

Submitted On:

11/04/2009 01:47 PM

Subject:

filing fee check

Comments:

filing fee check

<i>SERFF Tracking Number:</i>	<i>AENX-126359334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43910</i>
<i>Company Tracking Number:</i>	<i>AH AR0167101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>2009 Behavioral Health</i>		
<i>Project Name/Number:</i>	<i>2009 Behavioral Health/AH AR0167101F01</i>		

Note To Filer

Created By:

Rosalind Minor on 10/30/2009 09:59 AM

Last Edited By:

Rosalind Minor

Submitted On:

11/04/2009 01:48 PM

Subject:

Filing Fee

Comments:

Please submit a \$50.00 filing fee on this submission.

SERFF Tracking Number: AENX-126359334 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43910
 Company Tracking Number: AH AR0167101F01
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: 2009 Behavioral Health
 Project Name/Number: 2009 Behavioral Health/AH AR0167101F01

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/04/2009	GR-9N S-15-15 04	Schedule Pages	PPO-SRC_Lifetime Maximums	Initial		0.000	
Approved-Closed 11/04/2009	GR-9N 08-065 04	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	List of Services & Supplies Requiring Precertification	Initial		0.000	GR-9N 08-065 04.PDF
Approved-Closed 11/04/2009	GR-9N 10-086 01	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Disorders & Substance Abuse (Basic Medical)	Initial		0.000	GR-9N 10-086 01.PDF
Approved-Closed 11/04/2009	GR-9N 11-172 01	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Disorders & Substance Abuse (Comprehensive)	Initial		0.000	GR-9N 11-172 01.PDF
Approved-Closed 11/04/2009	GR-9N 14-186 01	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Disorders & Substance Abuse (SRC)	Initial		0.000	GR-9N 14-186 01.PDF
Approved-Closed 11/04/2009	GR-9N 34-065 04	Certificate Amendmen t, Insert Page,	Glossary_Mental Disorders	Initial		0.000	GR-9N 34-065 04.PDF

SERFF Tracking Number: AENX-126359334 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43910
 Company Tracking Number: AH AR0167101F01
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: 2009 Behavioral Health
 Project Name/Number: 2009 Behavioral Health/AH AR0167101F01

Endorsement or Rider

Approved-Closed	GR-9N S-08-05 04	Schedule Pages	Basic Medical	Initial	0.000	GR-9N S-08-05 04.PDF
11/04/2009						
Approved-Closed	GR-9N S-10-05 03	Schedule Pages	PPO_Deductibles, Coinsurance Limits, Maximums	Initial	0.000	GR-9N S-10-05 03.PDF
11/04/2009						
Approved-Closed	GR-9N S-11-05 04	Schedule Pages	POS_Deductibles, Coinsurance Limits, Maximums	Initial	0.000	GR-9N S-11-05 04.PDF
11/04/2009						
Approved-Closed	GR-9N S-13-05 03	Schedule Pages	COMP_Deductibles, Coinsurance Limits, Maximums	Initial	0.000	GR-9N S-13-05 03.PDF
11/04/2009						
Approved-Closed	GR-9N S-14-05 04	Schedule Pages	COMP-SRC_Deductibles	Initial	0.000	GR-9N S-14-05 04.PDF
11/04/2009						
Approved-Closed	GR-9N S-14-10 04	Schedule Pages	COMP-SRC_Calendar Year Maximums	Initial	0.000	GR-9N S-14-10 04.PDF
11/04/2009						
Approved-Closed	GR-9N S-14-15-04	Schedule Pages	COMP-SRC_Lifetime Maximums	Initial	0.000	GR-9N S-14-15-04.PDF
11/04/2009						
Approved-Closed	GR-9N S-15-05 04	Schedule Pages	PPO-SRC_Deductibles	Initial	0.000	GR-9N S-15-05 04.PDF
11/04/2009						
Approved-Closed	GR-9N S-15-10 04	Schedule Pages	PPO-SRC_Calendar Year Maximums	Initial	0.000	GR-9N S-15-10 04.PDF
11/04/2009						
Approved-Closed	GR-9N S-10-62 01	Schedule Pages	PPO_Mental Disorder and Substance Abuse	Initial	0.000	GR-9N S-10-62 01.PDF
11/04/2009						
Approved-Closed	GR-9N S-11-62 01	Schedule Pages	POS_Mental Disorders & Substance Abuse	Initial	0.000	GR-9N S-11-62 01.PDF
11/04/2009						
Approved-Closed	GR-9N S-13-62 01	Schedule Pages	COMP_Mental Disorders & Substance Abuse	Initial	0.000	GR-9N S-13-62 01.PDF
11/04/2009						

<i>SERFF Tracking Number:</i>	<i>AENX-126359334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43910</i>
<i>Company Tracking Number:</i>	<i>AH AR0167101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>2009 Behavioral Health</i>		
<i>Project Name/Number:</i>	<i>2009 Behavioral Health/AH AR0167101F01</i>		

Approved- GR-9N S- Closed 14-62 01 11/04/2009	Schedule Pages	COMP-SRC_Mental Disorders & Substance Abuse	Initial	0.000	GR-9N S-14- 62 01.PDF
Approved- GR-9N S- Closed 15-62 01 11/04/2009	Schedule Pages	COMP-PPO_Mental Disorders & Substance Abuse	Initial	0.000	GR-9N S-15- 62 01.PDF
Approved- GR-9 Closed 12370 11/04/2009	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certification For Substance Abuse or Mental Disorders	Initial	0.000	GR-9 12370.PDF
Approved- GR-9 Closed 12369 11/04/2009	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Treatment of Mental Disorders and Substance Abuse	Initial	0.000	GR-9 12369.PDF

[Services and Supplies Which Require [Precertification]

[Precertification] is required for the following types of medical expenses:

Inpatient and Outpatient Care	Procedures and Treatments (whether on an inpatient or outpatient basis)
<input type="checkbox"/> [Stays in a hospital <input type="checkbox"/> Stays in a skilled nursing facility <input type="checkbox"/> Stays in a rehabilitation facility <input type="checkbox"/> Stays in a hospice facility <input type="checkbox"/> Outpatient hospice care <input type="checkbox"/> Stays in a Residential Treatment Facility for treatment of [mental disorders and substance abuse] treatment <input type="checkbox"/> Partial Hospitalization Programs for [mental disorders and substance abuse] <input type="checkbox"/> Home health care <input type="checkbox"/> Private duty nursing care <input type="checkbox"/> Intensive Outpatient Programs for [mental disorders and substance abuse] <input type="checkbox"/> Amytal interview <input type="checkbox"/> Applied Behavioral Analysis <input type="checkbox"/> Biofeedback <input type="checkbox"/> Electroconvulsive therapy <input type="checkbox"/> Neuropsychological testing <input type="checkbox"/> Outpatient detoxification <input type="checkbox"/> Psychiatric home care services <input type="checkbox"/> Psychological testing]	<input type="checkbox"/> [Allergy immunotherapy <input type="checkbox"/> Bunionectomy <input type="checkbox"/> Carpal tunnel surgery <input type="checkbox"/> Cataract removal <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Computerized axial tomography (CAT scans) <input type="checkbox"/> Coronary angiography <input type="checkbox"/> Cystourethroscopy <input type="checkbox"/> Dilation/curettage <input type="checkbox"/> Hammertoe repair <input type="checkbox"/> Hemorrhoidectomy <input type="checkbox"/> Knee arthroscopy <input type="checkbox"/> Laparoscopy (pelvic) <input type="checkbox"/> Magnetic resonance imaging (MRI) <input type="checkbox"/> Positron emission tomography (PET) scans <input type="checkbox"/> Outpatient diagnostic imaging service (other than those listed) where the recognized charge exceeds \$500 <input type="checkbox"/> Septoplasty <input type="checkbox"/> Septorhinoplasty <input type="checkbox"/> Strabismus repair <input type="checkbox"/> Tympanostomy tube] <input type="checkbox"/> Upper GI endoscopy]

[Mental Disorders [and] Substance Abuse Services]

[Mental Disorders]

This Plan pays the charges for the treatment of **mental disorders** by a **behavioral health provider**. In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a written treatment plan prescribed and supervised by a **behavioral health provider**;
- This Plan includes follow-up treatment; and
- This Plan is for a condition that can favorably be changed.

Important Note:

Not all types of services are covered. For example, educational services and certain types of therapies are not covered. See *Exclusions That Apply to Health Insurance* for more information.

Benefits are payable for charges incurred in a **hospital**, **[psychiatric hospital]**, **[residential] treatment facility** or **behavioral health provider's** office for the treatment of **mental disorders** as follows:

Inpatient Treatment

Inpatient benefits include charges for **room and board** at the **semi-private room rate**, and other services and supplies provided during your **stay** in a **hospital**, **[psychiatric hospital]** or **[residential] treatment facility**. Inpatient benefits are payable only if your condition requires services that are only available in an inpatient setting.

[Partial Confinement Treatment]

Inpatient benefits also include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of a **[mental disorder]**. Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.]

Important Reminder

[Inpatient care, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by Aetna. Refer to *How the Plan Works* for more information about **[precertification]**.

Outpatient Treatment

Outpatient treatment includes charges for treatment received while not confined as a full-time inpatient in a **hospital**, **[psychiatric hospital]** or **[residential] treatment facility**.

[This plan covers partial **hospitalization** services (more than [4 hours], but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment. The partial **hospitalization** will only be covered if you would need inpatient care if you were not admitted to this type of facility.]

Please refer to the *Schedule of Benefits* for any **[mental disorders [and] substance abuse] deductibles**, maximums and **coinsurance limits** that may apply [to your **[mental disorders] [and] [substance abuse]** benefits].

Important Reminder[s]

- § [Inpatient care, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by Aetna. Refer to *How the Plan Works* for more information about **[precertification.]**
- § Please refer to the *Schedule of Benefits* for any **copayments/deductibles**, maximums and **coinsurance limits** that may apply [to your **mental disorders** and **substance abuse** benefits].]

[Substance Abuse]

Covered expenses include charges made for the treatment of **[substance abuse]** by **behavioral health providers**. In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a program of therapy prescribed and supervised by a **behavioral health provider**; and
- The program of therapy includes either:
 - A follow up program directed by a **behavioral health provider** on at least a monthly basis; or
 - Meetings at least twice a month with an organization devoted to the treatment of **substance abuse**.

Please refer to the *[Schedule of Benefits]* for any **[mental disorders [and] substance abuse] deductibles**, maximums and **coinsurance limits** that may apply [to your **mental disorders [and] substance abuse** benefits].

[Inpatient Treatment]

This Plan covers **room and board** at the **semi-private room rate** and other services and supplies provided during your **stay** in a **[psychiatric] hospital** or **[residential] treatment facility**, appropriately licensed by the state Department of Health or its equivalent.

Coverage includes:

- Treatment in a **hospital** for the medical complications of **[substance abuse]**.
- “Medical complications” include **detoxification**, electrolyte imbalances, malnutrition, cirrhosis of the liver, delirium tremens and hepatitis.
- Treatment in a **hospital** is covered only when the **hospital** does not have a separate treatment facility section.]

[Partial Confinement Treatment]

Covered expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of a **[substance abuse]**.

Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.]]

Important Reminder

[Inpatient, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by **Aetna**. Refer to *How the Plan Works* for more information about **[precertification]**.

[Outpatient Treatment]

Outpatient treatment includes charges for treatment received **[substance abuse]** while not confined as a full-time inpatient in a **hospital**, **[psychiatric hospital]** or **[residential] treatment facility**.

This Plan covers partial **hospitalization** services (more than [4] hours, but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of **substance abuse**. The partial **hospitalization** will only be covered if you would need inpatient treatment if you were not admitted to this type of facility.

Important Reminder

Certain outpatient **substance abuse** treatment must be **[precertified]** by **Aetna**. Refer to *How the Plan Works* for more information about **[precertification]**.]

[Partial Confinement Treatment]

Covered expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of **[substance abuse]**.

Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.]]

Important Reminder[s]

- § [Inpatient care, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by **Aetna**. Refer to *How the Plan Works* for more information about **[precertification]**.
- § Please refer to the *[Schedule of Benefits]* for any **copayments/deductibles**, maximums and **coinsurance limits** that may apply [to your **mental disorders** and **substance abuse** benefits].]

[Treatment of [Mental Disorders [and] Substance Abuse]]

Covered expenses include charges made for the treatment of **[mental disorders [and] substance abuse]** by **behavioral health providers**.

Important Note:

Not all types of services are covered. For example, educational services and certain types of therapies are not covered. See *Health Plan Exclusions and Limits* for more information.

[Mental Disorders]

Covered expenses include charges made for the treatment of **[mental disorders]** by **behavioral health providers**. In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a written treatment plan prescribed and supervised by a **behavioral health provider**;
- This Plan includes follow-up treatment; and
- This Plan is for a condition that can favorably be changed.

Benefits are payable for charges incurred in a **hospital, [psychiatric hospital], [residential] treatment facility** or **behavioral health provider's** office for the treatment of **mental disorders** as follows:

Inpatient Treatment

Covered expenses include charges for **room and board** at the **semi-private room rate**, and other services and supplies provided during your **stay** in a **hospital, psychiatric hospital, or [residential] treatment facility**. Inpatient benefits are payable only if your condition requires services that are only available in an inpatient setting.]

[Partial Confinement Treatment]

Covered expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of a **[mental disorder]**. Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.]

Important Reminder

[Inpatient care, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by Aetna. Refer to *How the Plan Works* for more information about **[precertification]**.]

[Outpatient Treatment]

Covered expenses include charges for treatment received while not confined as a full-time inpatient in a **hospital, [psychiatric hospital] or [residential] treatment facility**.

[This Plan covers partial **hospitalization** services (more than [4 hours], but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment. The partial **hospitalization** will only be covered if you would need inpatient care if you were not admitted to this type of facility.]

Please refer to the *Schedule of Benefits* for any [**mental disorders** [and] **substance abuse**] **deductibles**, maximums and **coinsurance limits** that may apply [to your [**mental disorders**] [and] [**substance abuse**] benefits].

Important Reminder[s]

- § [Inpatient care, partial **hospitalizations** and outpatient treatment] must be [**precertified**] by **Aetna**. Refer to *How the Plan Works* for more information about [**precertification**].
- § Please refer to the *Schedule of Benefits* for any **copayments/deductibles**, maximums and **coinsurance limits** that may apply [to your **mental disorders** and **substance abuse** benefits].]

[Substance Abuse]

Covered expenses include charges made for the treatment of [**substance abuse**] by **behavioral health providers**. In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a program of therapy prescribed and supervised by a **behavioral health provider**; and
- The program of therapy includes either:
 - A follow up program directed by a **behavioral health provider** on at least a monthly basis; or
 - Meetings at least twice a month with an organization devoted to the treatment of [**substance abuse**].

Please refer to the [*Schedule of Benefits*] for any [**mental disorders** [and] **substance abuse**] **deductibles**, maximums and **coinsurance limits** that may apply [to your **mental disorders** [and] **substance abuse** benefits].

[Inpatient Treatment]

This Plan covers **room and board** at the **semi-private room rate** and other services and supplies provided during your **stay** in a [**psychiatric**] **hospital** or [**residential**] **treatment facility**, appropriately licensed by the state Department of Health or its equivalent.

Coverage includes:

- Treatment in a **hospital** for the medical complications of [**substance abuse**].
- “Medical complications” include **detoxification**, electrolyte imbalances, malnutrition, cirrhosis of the liver, delirium tremens and hepatitis.
- Treatment in a **hospital** is covered only when the **hospital** does not have a separate treatment facility section.

Important Reminder

[Inpatient care, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by **Aetna**. Refer to *How the Plan Works* for more information about **[precertification]**.]

[Outpatient Treatment

Outpatient treatment includes charges for treatment received **[substance abuse]** while not confined as a full-time inpatient in a **hospital**, **[psychiatric hospital]** or **[residential] treatment facility**.]

[This Plan covers partial **hospitalization** services (more than [4 hours], but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of alcohol or drug abuse. The partial **hospitalization** will only be covered if you would need inpatient treatment if you were not admitted to this type of facility.]

Important Reminder

[Inpatient treatment, partial-**hospitalization** care and outpatient treatment] must be **[precertified]** by **Aetna**. Refer to *How the Plan Works* for more information about **[precertification]**.

[Partial Confinement Treatment

Covered expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of **[substance abuse]**.

Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.]

Important Reminder[s]

§ [Inpatient care, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by **Aetna**. Refer to *How the Plan Works* for more information about **[precertification]**.

§ Please refer to the *[Schedule of Benefits]* for any **copayments/deductibles**, maximums and **coinsurance limits** that may apply [to your **mental disorders** and **substance abuse** benefits].]

[Treatment of [Mental Disorders [and] Substance Abuse]]

Covered expenses include charges made for the treatment of **[mental disorders [and] substance abuse]** by **behavioral health providers**.

Important Note:

Not all types of services are covered. For example, educational services and certain types of therapies are not covered. See *Health Plan Exclusions and Limits* for more information.

[Mental Disorders]

Covered expenses include charges made for the treatment of **[mental disorders]** by **behavioral health providers**. In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a written treatment plan prescribed and supervised by a **behavioral health provider**;
- This Plan includes follow-up treatment; and
- This Plan is for a condition that can favorably be changed.

Benefits are payable for charges incurred in a **hospital, [psychiatric hospital], [residential] treatment facility** or **behavioral health provider's** office for the treatment of **mental disorders** as follows:

Inpatient Treatment

Covered expenses include charges for **room and board** at the **semi-private room rate**, and other services and supplies provided during your **stay** in a **hospital, psychiatric hospital, or [residential] treatment facility**. Inpatient benefits are payable only if your condition requires services that are only available in an inpatient setting.]

[Partial Confinement Treatment]

Covered expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of a **[mental disorder]**. Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.]

Important Reminder

[Inpatient care, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by Aetna. Refer to *How the Plan Works* for more information about **[precertification]**.]

[Outpatient Treatment]

Covered expenses include charges for treatment received while not confined as a full-time inpatient in a **hospital, [psychiatric hospital] or [residential] treatment facility**.

[This Plan covers partial **hospitalization** services (more than [4 hours], but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment. The partial **hospitalization** will only be covered if you would need inpatient care if you were not admitted to this type of facility.]

Please refer to the *Schedule of Benefits* for any [**mental disorders** [and] **substance abuse**] **deductibles**, maximums and **coinsurance limits** that may apply [to your [**mental disorders**] [and] [**substance abuse**] benefits].

Important Reminder[s]

- § [Inpatient care, partial **hospitalizations** and outpatient treatment] must be [**precertified**] by **Aetna**. Refer to *How the Plan Works* for more information about [**precertification**].
- § Please refer to the *Schedule of Benefits* for any **copayments/deductibles**, maximums and **coinsurance limits** that may apply [to your **mental disorders** and **substance abuse** benefits].]

[Substance Abuse]

Covered expenses include charges made for the treatment of [**substance abuse**] by **behavioral health providers**. In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a program of therapy prescribed and supervised by a **behavioral health provider**; and
- The program of therapy includes either:
 - A follow up program directed by a **behavioral health provider** on at least a monthly basis; or
 - Meetings at least twice a month with an organization devoted to the treatment of [**substance abuse**].

Please refer to the [*Schedule of Benefits*] for any [**mental disorders** [and] **substance abuse**] **deductibles**, maximums and **coinsurance limits** that may apply [to your **mental disorders** [and] **substance abuse** benefits].

[Inpatient Treatment]

This Plan covers **room and board** at the **semi-private room rate** and other services and supplies provided during your **stay** in a [**psychiatric**] **hospital** or [**residential**] **treatment facility**, appropriately licensed by the state Department of Health or its equivalent.

Coverage includes:

- Treatment in a **hospital** for the medical complications of [**substance abuse**].
- “Medical complications” include **detoxification**, electrolyte imbalances, malnutrition, cirrhosis of the liver, delirium tremens and hepatitis.
- Treatment in a **hospital** is covered only when the **hospital** does not have a separate treatment facility section.

Important Reminder

[Inpatient care, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by **Aetna**. Refer to *How the Plan Works* for more information about **[precertification]**.]

[Outpatient Treatment

Outpatient treatment includes charges for treatment received **[substance abuse]** while not confined as a full-time inpatient in a **hospital**, **[psychiatric hospital]** or **[residential] treatment facility**.]

[This Plan covers partial **hospitalization** services (more than [4 hours], but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of alcohol or drug abuse. The partial **hospitalization** will only be covered if you would need inpatient treatment if you were not admitted to this type of facility.]

Important Reminder

[Inpatient treatment, partial-**hospitalization** care and outpatient treatment] must be **[precertified]** by **Aetna**. Refer to *How the Plan Works* for more information about **[precertification]**.

[Partial Confinement Treatment

Covered expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of **[substance abuse]**.

Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.]

Important Reminder[s]

§ [Inpatient care, partial **hospitalizations** and outpatient treatment] must be **[precertified]** by **Aetna**. Refer to *How the Plan Works* for more information about **[precertification]**.

§ Please refer to the *[Schedule of Benefits]* for any **copayments/deductibles**, maximums and **coinsurance limits** that may apply [to your **mental disorders** and **substance abuse** benefits].]

[Mail Order Pharmacy]

An establishment where **prescription drugs** are legally dispensed by mail or other carrier.]

[Maintenance Care]

Care made up of services and supplies that:

- Are furnished mainly to maintain, rather than to improve, a level of physical, or mental function; and
- Provide a surrounding free from exposures that can worsen the person's physical or mental condition.]]

[Material Duties]

Duties that:

- Are normally required for the performance of your **own occupation**; and
- Cannot be reasonably omitted or modified. [However, to be at work in excess of 40 hours per week is not a material duty.]]

[Maximum Out-of-Pocket Limit]

Your plan has a **maximum out-of-pocket limit**. Your [deductibles], [coinsurance,] [copayments] and other eligible out-of-pocket expense apply to the **maximum out-of-pocket limit**. Once you satisfy the maximum amount the plan will pay 100% of **covered expenses** that apply toward the limit for the rest of the[calendar year][and the next calendar year]. [The **maximum out-of-pocket limit** applies to both network and out-of-network out-of-pocket expenses.] [You have a separate **maximum out-of-pocket limit** for network and out-of-network out-of-pocket expenses.]]

The following expenses do not apply toward your **maximum out-of-pocket limit(s)**:

- [Any applicable **deductible**,
- Charges over the **recognized [charge]**,
- Any **covered expenses** which are payable by **Aetna** at 50 percent,
- **Non-covered expenses**,
- Certain other **covered expenses**, and
- Expenses that are not paid or [precert] benefit reductions made because a required[**precertification**] for the service(s) or supply was not obtained from **Aetna**.]

[[Medically Necessary, Medical Necessity]

Health care or dental services, and supplies or **prescription drugs** that a **physician**, other health care provider or **dental provider**, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an **illness, injury**, disease or its symptoms, and that provision of the service, supply or **prescription drug** is:

- (a) In accordance with generally accepted standards of medical or dental practice;
- (b) Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's **illness, injury** or disease; and
- (c) Not primarily for the convenience of the patient, **physician, other health care or dental provider**; and
- (d) And not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's **illness, injury**, or disease.

For these purposes "generally accepted standards of medical or dental practice" means standards that are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community, or otherwise consistent with **physician** or dental specialty society recommendations and the views of **physicians** or **dentists** practicing in relevant clinical areas and any other relevant factors.]

[Mental Disorder

An **illness** commonly understood to be a **mental disorder**, whether or not it has a physiological [or organic] basis, and for which treatment is generally provided by or under the direction of a **behavioral health provider** such as a **psychiatric physician**, a psychologist or a psychiatric social worker.

Any one of the following conditions is a **mental disorder** under this plan:

- Anorexia/Bulimia Nervosa.
- Bipolar disorder.
- Major depressive disorder.
- Obsessive compulsive disorder.
- Panic disorder.
- Pervasive Mental Developmental Disorder (including Autism).
- Psychotic Disorders/Delusional Disorder.
- Schizo-affective Disorder.
- Schizophrenia.

Also included is any other mental condition which requires **Medically Necessary** treatment.]

[Morbid Obesity

This means a **Body Mass Index** that is: greater than 40 kilograms per meter squared; or equal to or greater than 35 kilograms per meter squared with a comorbid medical condition, including: hypertension; a cardiopulmonary condition; sleep apnea; or diabetes.]

[Motor Vehicle

This is a vehicle or vessel that is powered by any form of a motor, whether or not registered for land, air or water use and it is:

- [A passenger land or water vehicle of pleasure design which includes autos, vans, trucks, three or four-wheel all terrain vehicles (ATV), motorcycles, motor scooters, four wheel drive vehicles, snowmobiles, and self-propelled motor homes; or
- A vehicle of commercial use or design which includes, but is not limited to a cab, limousine, tractor trailer or box truck, a bus or lawn tractor; or
- Any form of motorized equipment designed for use in construction or demolition which includes, but is not limited to a bulldozer, crane, front-loader, backhoe, steam roller or paver; or
- A vehicle designed for water use which includes, but is not limited to a boat, ship, jet-ski or personal water craft of any design, including sail-boats or other wind powered water craft; or
- A vehicle designed for air use which includes, but is not limited to a plane (including a glider), jet, an ultra-light aircraft or helicopter; or
- A vehicle used for any form of racing or any other type of competitive event; or
- A vehicle designed for use in farming.]

For purposes of the **passenger restraint** and **airbag benefit** only, the following will not be considered to be a **motor vehicle**:

- Any **motor vehicle** which has been altered and no longer meets the licensing and registration requirements of the State where the accident occurred;
- A motorcycle, motor scooter moped or any other form of self-propelled two wheel vehicle;
- A snowmobile;
- A boat, jet-ski or personal water craft;
- A plane, helicopter or ultra-light aircraft;
- An “ATV” all terrain vehicle;
- A military vehicle;
- A vehicle used for farming;
- A subway or train;
- A vehicle used for any form of racing or any other type of competitive event.]

[Motor Vehicle

This is a vehicle that is a registered and licensed vehicle and is:

- [A passenger land or water vehicle of pleasure design which includes autos, vans, four-wheel drive vehicles, and self-propelled motor homes; or
- A truck of commercial design.]

For purposes of the **passenger restraint** and **airbag** benefit only, the following will not be considered to be a **motor vehicle**:

- [A **motor vehicle** which has been altered and no longer meets the licensing and registration requirements; or
- A motorcycle; or
- An "ATV" All Terrain Vehicle; or
- A military vehicle; or

A vehicle while being used for farming or racing or any other type of competitive event.]]

[Motor Vehicle

This is a vehicle that is a registered and licensed vehicle and is:

- [A passenger land vehicle of pleasure design which includes autos, vans, 4WD vehicles and self-propelled motor homes;
- A truck of commercial design;
- A **motor vehicle** which has been altered and no longer meets the licensing and registration requirements;
- A motorcycle;
- An "ATV" (All Terrain Vehicle);
- A military vehicle;
- A vehicle while being used for farming, racing or any other type of competitive event; and
- A vehicle used as a public or livery conveyance for passengers.]]

[Policyholder: ABC Company
Group Policy Number: 123456
Effective Date: January 1, 2004]

Basic [Medical] [Hospital-Surgical] Expense Insurance [Schedule of Benefits]

PLAN FEATURES	
[[Physician's Services (While you are Totally Disabled)]]	
[Daily Maximum]	[\$50-\$150]
[Total Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$500]
[Waiting Period:]	[Illness 0-14 days]
	[Injury 0-7 days]
[[Physician's Services (While you are not Totally Disabled)]]	
[Daily Maximum]	[\$50-\$150]
	(\$50-\$150) for treatment given in a physician's office [or a hospital])
[Total Maximum] [per calendar year] [per contract year] [per illness]	[\$250-\$500]
[Waiting Period:]	[Illness 0-15 days] [Injury 0-15 days]
[[Physician's Services (In-Hospital)]]	
[Maximum Period of Payment]	[60-120 Days]
[Daily Maximum]	[\$50-\$150]
[Total Maximum] [per calendar year] [per contract year] [per illness]	[\$1,500-\$3,000]
[[Physician's Medical Services]]	
[Medical Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$500]
[[Spinal Disorder Treatment Services]]	
[Spinal Disorder Treatment Services Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$500]
[[Surgical Services]]	
[Total Maximum] [per calendar year] [per contract year] [per illness]	[\$500-\$2,000]
[The <i>Schedule of Procedures</i> featured in the Booklet-Certificate provides the maximum benefits that will be paid for any particular procedure. To determine the Surgical Benefits maximum, multiply the number of units for that procedure listed in the schedule by [\$14.00].]	

PLAN FEATURES	
[[Anesthesia Services Maximum] [per calendar year] [per contract year] [per illness]]	[[20% - 100%] of Surgical Maximum]]]

[Schedule of Benefits]

PLAN FEATURES	
[[Surgical,] [Surgical Assistance] [and] [Anesthesia Services]	
[Maximums] [per calendar year] [per contract year] [per illness]	
[Surgical Services]	[\$500-\$2,000]
[Surgical Assistance Services]	[\$200-\$1,000]
[Anesthesia Services]	[\$200-\$1,000]

[[The *Schedule of Procedures* featured in the Booklet-Certificate provides the maximum benefits that will be paid for any particular procedure. To determine the Surgical Services maximum, multiply the number of units for that procedure listed in the schedule by [\$15 - \$25]. To determine the Anesthesia Services maximum, multiply the sum of the Anesthesia Services Units and any units for Anesthesia Time by [\$10 - \$25]. For Surgical Assistance Services, the maximum is [20% - 100%] of the amount payable for Surgical Services, or [\$10 -\$25] times seven, whichever is greater.]]

PLAN FEATURES	
[[Hospital Services]	
[Hospital Deductible]	[\$200-\$1,000]
[Maximum Number of Days] [per calendar year] [per contract year] [per illness]	[30-120]
[Room and Board Daily Maximum]	[\$150-\$750]
[Room and Board Total Maximum] [per calendar year] [per contract year] [per illness]	[\$300-\$5,000]
[Additional Inpatient Services Maximum]	[\$100-\$1,000]
[[Skilled Nursing Facility Services]	
[Maximum Number of Days]	[30-120]
[Daily Maximum]	[\$50-\$250]
[[Hospice In-patient Services]	
[Maximum Number of Days]	[14-180]
[[Wellness Services (Physical Exams)]	
[Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$250]
[[Diagnostic Testing Services]	
[Diagnostic Testing Services Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$250]

[[The *Schedule of Examinations* featured in the Booklet-Certificate can provide you with the maximum benefits that will be paid for a particular examination. To determine the Diagnostic Laboratory And X-Ray Benefit maximum, multiply the number of units for that examination listed in the schedule by [\$1 - \$10.]]

[Schedule of Benefits]

PLAN FEATURES	
[[X-Ray and Radioactive Therapy Services]	
[Total Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$250]]

[The *Schedule of Treatments* featured in the Booklet-Certificate provides the per day and per calendar year maximum amounts. To determine the X-Ray And Radioactive Therapy Benefits, multiply the number of units specified for the applicable treatments by [\$4 - \$10].]

PLAN FEATURES	
[[Mental Health Services]	
[Day Care or Night Care Treatment Sessions Maximum] [per calendar year] [per contract year] [per illness]	[10 Sessions][30-60 Days]]
[[Mental Disorders [and] Substance Abuse Services]	
[[Mental Disorders	
[[Inpatient Treatment: Hospital:	
[[Inpatient Deductible]	[\$200-\$1,000]
[Maximum Number of Days] [per calendar year] [per contract year] [per occurrence]	[30-120]
[[Room and Board Daily Maximum]	[\$150-\$750]
[[Room and Board	[\$300-\$5,000]
Total Maximum] [per calendar year] [per contract year] [per occurrence]	
[Additional Inpatient Services Maximum]	[\$100-\$1,000]
[Total Maximum] [per calendar year] [per contract year] [per occurrence]	[\$100-\$500]]
[[Inpatient Treatment: Residential Treatment Facility	
[Maximum Number of Days] [per calendar year] [per contract year] [per occurrence]	[30-120]
[Daily Maximum]	[\$50-\$250]
Outpatient Treatment:	
[Medical Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$500]]
[[Substance Abuse	
[[Inpatient Treatment: Hospital:	
[[Inpatient Deductible]	[\$200-\$1,000]
[Maximum Number of Days] [per calendar year] [per contract year] [per occurrence]	[30-120]
[[Room and Board Daily Maximum]	[\$150-\$750]
[[Room and Board	[\$300-\$5,000]
Total Maximum] [per calendar year] [per contract year] [per occurrence]	

[Schedule of Benefits]

PLAN FEATURES	
[Additional Inpatient Services Maximum]	[\$100-\$1,000]
[Total Maximum] [per calendar year] [per contract year] [per occurrence]	[\$100-\$500]]
<u>[Inpatient Treatment: Residential Treatment Facility]</u>	
[Maximum Number of Days] [per calendar year] [per contract year] [per occurrence]	[30-120]
[Daily Maximum]	[\$50-\$250]
Outpatient Treatment:	
[Medical Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$500]]
<u>[[Ambulance Services]</u>	
[Per Trip Maximum]	[\$25-\$100]
[Total Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$500]]
<u>[[Supplementary Accident Services]</u>	
[Accident Maximum] [per calendar year] [per contract year] [per illness]	[\$100-\$1,000]]
<u>[[Second Surgical Opinion Services]</u>	
[Excluded Amount]	[\$100 - \$1,000]]

[Policyholder : ABC Company
Group Policy Number: 12345
Effective Date: January 1, 2004]

Aetna Life Insurance Company
[PPO] [Major] [Comprehensive] [Limited] [Medical] Expense Coverage
[Schedule of Benefits]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[As to all covered expenses for Mental Disorders [and] Substance Abuse:]			
[[[Mental Disorders [and] Substance Abuse] Calendar Year] Deductible*]	[\$100-\$10,000]	[\$100- \$15,000]	[\$100- \$15,000]]
[[[Mental Disorders [and] Substance Abuse] Individual Calendar Year] Deductible*]	[\$100-\$10,000]	[\$100-\$15,000]	[\$100-\$15,000]]
[[[Mental Disorders [and] Substance Abuse] Family Calendar Year] Deductible*]	[\$100-\$30,000]	[\$100-\$45,000]	[\$100-\$45,000]]
[[[Mental Disorders [and] Substance Abuse] Family Deductible Limit]	[\$100-\$30,000 or 2x's - 3x's the individual deductible]	[\$100-\$45,000 or 2x's - 3x's the individual deductible]	[\$100-\$45,000 or 2x's - 3x's the individual deductible]]
[[[Mental Disorders [and] Substance Abuse] Per Admission Copayment]	[\$0-\$500 per day up to] [1-10 days] [\$0-\$5,000]]	N/A	N/A
[[[Mental Disorders [and] Substance Abuse] Per Admission Deductible*]	N/A	[\$100-\$750] per day up to [10 days] [\$0-\$7,500] per admission]	[\$100-\$750] per day up to [10 days] [\$0-\$7,500] per admission]]
[Deductible Waiver [Applies to the benefits listed in Deductible Waiver Provision of this [Schedule of Benefits][Applies to [Mental Disorders [and] Substance Abuse] benefits]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[First Dollar Benefit: The Plan pays 100% of covered expenses for [mental disorders] [and] [substance abuse] up to the first dollar maximum shown below. [Refer to the <i>Expense Insurance Provision</i> Section of this <i>[Schedule of Benefits]</i> for a list of the First Dollar Benefits.]			
[Mental Disorders [and] Substance Abuse] Individual Amount	[\$50-\$100]	[\$50-\$1,000] [Not Covered]	[\$50-\$1,000] [Not Covered]]
[Mental Disorders [and] Substance Abuse] Family Amount	[\$100-\$2,000]	[\$100-\$2,000] [Not Covered]	[\$100-\$2,000] [Not Covered]]
[Mental Disorders [and] Substance Abuse] [Common Accident Deductible]	[\$100-\$10,000]	[\$100-\$10,000]	[\$100-\$10,000]]
[Mental Disorders [and] Substance Abuse] [Separate Accident Benefit]	[100% deductible waived]	[100% deductible waived]	[100% deductible waived]]
[Maximum per calendar year]	[\$100-\$1,000]	[\$100-\$1,000]	[\$100-\$1,000]]
[*Unless otherwise indicated, any applicable deductible must be met before benefits are paid.]			
[As to all other covered expenses :]			
[[Plan]Calendar Year Deductible*	[\$100-\$10,000]	[\$100- \$15,000]	[\$100- \$15,000]]
[[Plan]Individual Calendar Year Deductible*	[\$100-\$10,000]	[\$100-\$15,000]	[\$100-\$15,000]]
[[Plan]Family Calendar Year Deductible*	[\$100-\$30,000]	[\$100-\$45,000]	[\$100-\$45,000]]
[[Plan]Family Deductible Limit]	[\$100-\$30,000 or 2x's-3x's the individual deductible]	[\$100-\$45,000 or 2x's-3x's the individual deductible]	[\$100-\$45,000 or 2x's-3x's the individual deductible]]
[[Plan]Per Admission Copayment]	[\$0-\$500 per day up to] [1-10 days] [\$0-\$5,000]]	N/A	N/A

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[[Plan] Per Admission Deductible*]	N/A	[\$100-\$750] per day up to [10 days]] [[\$0-\$7,500] per admission]]	[\$100-\$750] per day up to [10 days]] [[\$0-\$7,500] per admission]]
[Deductible Waiver [Applies to the benefits listed in Deductible Waiver Provision of this [Schedule of Benefits] [Applies to all benefits other than [Mental Disorders] [and] Substance Abuse]]]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]]
[First Dollar Benefit: The Plan pays 100% of covered [medical] expenses other than [Mental Disorders] [and] [Substance Abuse] up to the first dollar maximum shown below. [Refer to the <i>Expense Insurance Provision</i> Section of this [Schedule of Benefits] for a list of the First Dollar Benefits.]			
[Plan] Individual Amount	[\$50-\$100]	[\$50-\$1,000] [Not Covered]	[\$50-\$1,000] [Not Covered]]
[Plan] Family Amount	[\$100-\$2,000]	[\$100-\$2,000] [Not Covered]	[\$100-\$2,000] [Not Covered]]
[Plan] [Common Accident Deductible]	[\$100-\$10,000]	[\$100-\$10,000]]	[\$100-\$10,000]]
[Plan] [Separate Accident Benefit]	[100% deductible waived]	[100% deductible waived]	[100% deductible waived]]
[Maximum per calendar year]	[\$100-\$1,000]	[\$100-\$1,000]	[\$100-\$1,000]

[*Unless otherwise indicated, any applicable **deductible** must be met before benefits are paid.]

[As to **covered expenses** for **Mental Disorders** [and] **Substance Abuse**:]

[Mental Disorders] [and] Substance Abuse] [Coinsurance] [Payment] [Out-of-Pocket] Limit
[Includes] [Excludes] **[Mental Disorders [and] Substance Abuse]** [deductible] [copayments]
[Precertification] penalties].

[Individual [Mental Disorders] [and] Substance Abuse] [Coinsurance] [Payment] [Out-of-Pocket] Limit:

- [For network expenses: [\$0-\$20,000].]
- [For out-of-network expenses: [\$0-unlimited].]
- [For network and out-of-network expenses combined: [\$0-unlimited].]]

[Family [Mental Disorders] [and] Substance Abuse] [Coinsurance] [Payment] [Out-of-Pocket] Limit.

- [For network expenses: [\$0-\$60,000].]
- [For out-of-network expenses: [\$0-\$120,000].]
- [For network and out-of-network expenses combined: [\$0-\$120,000].]

[As to all other **covered expenses**:]

[Plan] [Coinsurance] [Payment] [Out-of-Pocket] Limit [Includes] [Excludes] [plan **deductible**]
[copayments] [Precertification] penalties].

[Plan] [Individual Plan [Coinsurance] [Payment] [Out-of-Pocket] Limit:

- [For network expenses: [\$0-\$20,000].]
- [For out-of-network expenses: [\$0-unlimited].]
- [For network and out-of-network expenses combined: [\$0-unlimited].]

[Plan] [Family Plan [Coinsurance] [Payment] [Out-of-Pocket] Limit.

- [For network expenses: [\$0-\$60,000].]
- [For out-of-network expenses: [\$0-\$120,000].]
- [For network and out-of-network expenses combined: [\$0-\$120,000].]

[Transplant Expense [Coinsurance] [Payment] [Out-of-Pocket] Limit (per calendar year)) [Includes]
[Excludes] [plan **deductible**] [copays] [precertification] penalties.]

<i>[IOE Provider/Facility</i> [Integrates] [Does not integrate] with plan [coinsurance] [payment][out-of-pocket] limit.	[\$1,000-\$20,000] [per transplant occurrence]
<i>Non-IOE Provider Facility</i> [Integrates] [Does not integrate] with plan [coinsurance] [payment][out-of-pocket] limit]	[\$2,000-unlimited] [per transplant occurrence]
[Out-of-Network] Facility	[\$2,000-unlimited] [per transplant occurrence]]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[As to covered expenses for [Mental Disorders] [and] [Substance Abuse]:]			
[[Mental Disorders] [and] [Substance Abuse] [CalendarYear] Maximum Benefit Per Person]	[\$25,000-unlimited]	[\$25,000-unlimited]	[\$25,000-unlimited]]
[Mental Disorders] [and] [Substance Abuse] [Lifetime Maximum Benefit per person]	[\$25,000-unlimited]	[\$25,000-unlimited]	[\$25,000-unlimited]]
[Mental Disorders] [and] [Substance Abuse] [Lifetime Maximum Benefit Automatic Yearly Restoration]	[\$1,000-\$50,000]	[\$1,000-\$50,000]	[\$1,000-\$50,000]]
[As to all other covered expenses:]			
[Plan] Calendar Year Maximum Benefit Per Person]]	[\$25,000-unlimited]	[\$25,000-unlimited]	[\$25,000-unlimited]]
[Plan][Lifetime Maximum Benefit per person]]	[\$25,000-unlimited]	[\$25,000-unlimited]	[\$25,000-unlimited]]
[Plan][Lifetime Maximum Benefit Automatic Yearly Restoration]]	[\$1,000-\$50,000]	[\$1,000-\$50,000]	[\$1,000-\$50,000]]

[Policyholder : ABC Company
Group Policy Number: 12345
Effective Date: January 1, 2004]

Aetna Life Insurance Company
[Major] [Comprehensive] [Limited] [Medical] Expense Coverage
[Gatekeeper PPO] [(POS)]
[Schedule of Benefits]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[As to all covered expenses for Mental Disorders [and] Substance Abuse:]		
[[[Mental Disorders [and] Substance Abuse] Calendar Year] Deductible*]	[\$100-\$10,000]	[\$100-\$15,000]]
[[[Mental Disorders [and] Substance Abuse] Individual Calendar Year] Deductible*]	[\$100-\$10,000]	[\$100-\$15,000]]
[[[Mental Disorders [and] Substance Abuse] Family Calendar Year] Deductible*]	[\$100-\$30,000]	[\$100-\$45,000]]
[[[Mental Disorders [and] Substance Abuse] Family Deductible Limit]	[\$100\$30,000 or 2x's - 3x's the individual deductible]	[\$100-\$45,000 or 2x's - 3x's the individual deductible]]
[[[Mental Disorders [and] Substance Abuse] Per Admission Copayment]	[\$0-\$500 per day [up to] [1-10 days] [\$0-\$5,000]]	N/A
[[[Mental Disorders [and] Substance Abuse] Per Admission Deductible*]	N/A	[\$100-\$750] per day [up to] [10 days] [\$0-\$7,500] per admission]]
[Deductible Waiver [Applies to the benefits listed in Deductible Waiver Provision of this [Schedule of Benefits]][Applies to [Mental Disorders [and] Substance Abuse] benefits]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[First Dollar Benefit: The Plan pays 100% of covered expenses for [mental disorders] [and] [substance abuse] up to the first dollar maximum shown below. [Refer to the <i>Expense Insurance Provision</i> Section of this <i>[Schedule of Benefits]</i> for a list of the First Dollar Benefits.]		
[Mental Disorders [and] Substance Abuse]]Individual Amount	[\$50-\$100]	[\$50-\$1,000] [Not Covered]]
[Mental Disorders [and] Substance Abuse] Family Amount	[\$100-\$2,000]	[\$100-\$2,000] [Not Covered]]
[Mental Disorders [and] Substance Abuse] [Common Accident Deductible	[\$100-\$10,000]	[\$100-\$10,000]]
[Mental Disorders [and] Substance Abuse] [Separate Accident Benefit	[100% deductible waived]	[100% deductible waived]]
[Maximum per calendar year]	[\$100-\$1,000]	[\$100-\$1,000]]
[*Unless otherwise indicated, any applicable deductible must be met before benefits are paid.]		
[As to all other covered expenses:]		
[[Plan]Calendar Year Deductible*	[\$100-\$10,000]	[\$100-\$15,000]]
[[Plan]Individual Calendar Year Deductible*	[\$100-\$10,000]	[\$100-\$15,000]]
[[Plan]Family Calendar Year Deductible*	[\$100-\$30,000]	[\$100-\$45,000]]
[[Plan]Family Deductible Limit]	[\$100-\$30,000 or 2x's-3x's the individual deductible]	[\$100-\$45,000 or 2x's-3x's the individual deductible]]
[[Plan]Per Admission Copayment]	[\$0-\$500 per day up to] [1-10 days] [\$0-\$5,000]]	N/A

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[[Plan] Per Admission Deductible*]	N/A	[\$100-\$750] per day [up to] [10 days]] [[\$0-\$7,500] per admission]]
[Deductible Waiver [Applies to the benefits listed in Deductible Waiver Provision of this [Schedule of Benefits] [Applies to all benefits other than [Mental Disorders] [and] Substance Abuse]]]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]	[Deductible waived for first [\$0-\$500] per calendar year, then [50%-100%]]
[First Dollar Benefit: The Plan pays 100% of covered [medical] expenses other than [Mental Disorders] [and] [Substance Abuse] up to the first dollar maximum shown below. [Refer to the <i>Expense Insurance Provision</i> Section of this [Schedule of Benefits] for a list of the First Dollar Benefits.]		
[Plan] Individual Amount	[\$50-\$100]	[\$50-\$1,000] [Not Covered]]
[Plan] Family Amount	[\$100-\$2,000]	[\$100-\$2,000] [Not Covered]]
[Plan] [Common Accident Deductible]	[\$100-\$10,000]	[\$100-\$10,000]]
[Plan] [Separate Accident Benefit]	[100% deductible waived]	[100% deductible waived]]
[Maximum per calendar year]	[\$100-\$1,000]	[\$100-\$1,000]]

[*Unless otherwise indicated, any applicable **deductible** must be met before benefits are paid.]

[As to **covered expenses** for **Mental Disorders** [and] **Substance Abuse**:]

[Mental Disorders] [and] Substance Abuse] [Coinsurance] [Payment] [Out-of-Pocket] Limit
[Includes] [Excludes] **[Mental Disorders [and] Substance Abuse] [deductible] [copayments] [Precertification] penalties].**

[Individual [Mental Disorders] [and] Substance Abuse] [Coinsurance] [Payment] [Out-of-Pocket] Limit:

- [For network expenses: [\$0-\$20,000].]
- [For out-of-network expenses: [\$0-unlimited].]
- [For network and out-of-network expenses combined: [\$0-unlimited].]]

[Family [Mental Disorders] [and] Substance Abuse] [Coinsurance] [Payment] [Out-of-Pocket] Limit.

- [For network expenses: [\$0-\$60,000].]
- [For out-of-network expenses: [\$0-\$120,000].]
- [For network and out-of-network expenses combined: [\$0-\$120,000].]

[As to all other **covered expenses**:]

[Plan] [Coinsurance] [Payment] [Out-of-Pocket] Limit [Includes] [Excludes] [plan **deductible**]
[copayments] [Precertification] penalties].

[Plan] [Individual Plan [Coinsurance] [Payment] [Out-of-Pocket] Limit:

- [For network expenses: [\$0-\$20,000].]
- [For out-of-network expenses: [\$0-unlimited].]
- [For network and out-of-network expenses combined: [\$0-unlimited].]

[Plan] [Family Plan [Coinsurance] [Payment] [Out-of-Pocket] Limit.

- [For network expenses: [\$0-\$60,000].]
- [For out-of-network expenses: [\$0-\$120,000].]
- [For network and out-of-network expenses combined: [\$0-\$120,000].]

[Transplant Expense [Coinsurance] [Payment] [Out-of-Pocket] Limit (per calendar year)) [Includes]
[Excludes] [plan **deductible**] [copays] [precertification] penalties.]

<i>[IOE Provider/Facility</i> [Integrates] [Does not integrate] with plan [coinsurance] [payment][out-of-pocket] limit.	[\$1,000-\$20,000] [per transplant occurrence]
<i>Non-IOE Provider Facility</i> [Integrates] [Does not integrate] with plan [coinsurance] [payment][out-of-pocket] limit]	[\$2,000-unlimited] [per transplant occurrence]
[Out-of-Network] Facility	[\$2,000-unlimited] [per transplant occurrence]]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[As to covered expenses for [Mental Disorders] [and] [Substance Abuse]:]		
[[Mental Disorders] [and] [Substance Abuse] [CalendarYear] Maximum Benefit Per Person]	[\$25,000-unlimited]	[\$25,000-unlimited]]
[Mental Disorders] [and] [Substance Abuse] [Lifetime Maximum Benefit per person]	[\$25,000-unlimited]	[\$25,000-unlimited]]
[Mental Disorders] [and] [Substance Abuse] [Lifetime Maximum Benefit Automatic Yearly Restoration]	[\$1,000-\$50,000]	[\$1,000-\$50,000]]
[As to all other covered expenses:]		
[Plan] Calendar Year Maximum Benefit Per Person]]	[\$25,000-unlimited]	[\$25,000-unlimited]]
[Plan][Lifetime Maximum Benefit per person]]	[\$25,000-unlimited]	[\$25,000-unlimited]]
[Plan][Lifetime Maximum Benefit Automatic Yearly Restoration]]	[\$1,000-\$50,000]	[\$1,000-\$50,000]]

[Policyholder: ABC Company
Group Policy Number: 12345
Effective Date: January 1, 2004]

Aetna Life Insurance Company
[Major] [Comprehensive] [Limited] Medical Expense Coverage
[Schedule of Benefits]

PLAN FEATURES	
[[Calendar] Year Deductible*	[\$100- \$10,000]]
[Individual Deductible*	[\$100-10,000]]
[Family Deductible*	[\$100-30,000]]
[Per Admission Deductible*	[\$50-500] per day up to [10 days]] [[\$0-5,000] per admission]]
[Deductible Waiver [Applies to the benefits listed in <i>Deductible Waiver Provision</i> of this <i>Schedule of Benefits</i>][Applies to all benefits]	[Deductible waived for first [\$0-\$500] per [calendar year], then [50%-100%]]
[First Dollar Benefit: The Plan pays 100% of covered medical expenses up to the first dollar maximum shown below. [Refer to the <i>Expense Insurance Provision</i> Section of this <i>Schedule of Benefits</i> for a list of the First Dollar Benefits.]	
Individual Amount	[\$50-\$1000]
Family Amount	[\$100-\$2000]
[Common Accident Deductible	[\$100-\$10,000]]
[Separate Accident Benefit	[100%, deductible waived]]
[Maximum per calendar year]	[\$100-\$1,000]

[*Unless otherwise indicated, any applicable **deductible** must be met before benefits are paid.]

[Policyholder: ABC Company
Group Policy Number: 12345
Effective Date: January 1, 2004]

Aetna Life Insurance Company
[Major] [Comprehensive] [Limited] Medical Expense Coverage
[Schedule of Benefits]

[Plan [Coinsurance] [Payment] [Out-of-Pocket] Limit] [Includes] [Excludes] [plan deductible]
[copayments] [precertification penalties]

[Individual Plan [Coinsurance] [Payment] [Out-of-Pocket] Limit: [\$100 – \$30,000]]

[Family Plan [Coinsurance] [Payment] [Out-of-Pocket] Limit: [\$100 - \$90,000]]

PLAN FEATURES	
[[Calendar][Year Maximum Benefit Per Person]	[\$50,000-unlimited]]
[Lifetime Maximum Benefit per person]	[\$50,000-unlimited]
[Lifetime Maximum Benefit Automatic Yearly Restoration]	[\$1000- \$50,000]

Aetna Life Insurance Company
[Limited] [Major] [Comprehensive][Outpatient Only] [Accident Only] Medical Expense
Coverage
[Schedule of Benefits]

PLAN FEATURES

Please read these materials carefully as the plan of benefits described in this Booklet-Certificate is limited [to outpatient expenses] [to **accident** expenses] and contains a number of specific limits on visits, services and dollar amounts, in addition to overall dollar maximum benefits payable under the policy. Once these limits have been reached, the plan will not pay any more towards the cost of the services in question and you will be responsible for the remaining unpaid charges or expenses.

This Booklet-Certificate explains these visit and service limits, the overall annual benefit maximum, and other cost sharing features of your plan, such as copayments and deductibles.

Calendar Year Deductibles

[As to [mental disorders] [and] [substance abuse]:

[Unless otherwise indicated, any applicable **deductible** must be met before benefits are paid.]

<u>[Mental disorders] [and] [substance abuse]</u> Calendar Year Deductible	[\$0-\$600]
<u>[Mental disorders] [and] [substance abuse]</u> <i>Family Deductible Limit</i>	[\$0-\$1,800]

<u>[Mental disorders] [and] [substance abuse]</u> Inpatient Calendar Year Deductible	[\$0-\$500]
<u>[Mental disorders] [and] [substance abuse]</u> <i>Family Deductible Limit</i>	[\$0-\$1,500]
[Covered expenses incurred as a result of an accident and applied to this deductible apply to satisfy the Accident Calendar Year Deductible .]	

<u>[Outpatient [mental disorders] [and] [substance abuse]]</u> Calendar Year Deductible	[\$0-\$400]
<u>[Mental disorders] [and] [substance abuse]</u> <i>Family Deductible Limit</i>	[\$0-\$1,200]

<u>[Mental disorders] [and] [substance abuse]</u> Hospital Emergency Room Calendar Year Deductible	[\$0-\$500]
---	-------------

<u>[Mental disorders] [and] [substance abuse]</u> Accident Calendar Year Deductible	[\$0-\$250]
[Covered expenses incurred as a result of an accident and applied to the Inpatient Calendar Year Deductible apply to satisfy this deductible .]	

[As to all other Covered Expenses:]

[Unless otherwise indicated, any applicable **deductible** must be met before benefits are paid.]

[[Plan] [Calendar Year Deductible]	[\$0-\$600]
[[Plan] [<i>Family Deductible Limit</i>]	[\$0-\$1,800]

[[Plan] [Inpatient Calendar Year Deductible]	[\$0-\$500]
[[Plan] [<i>Family Deductible Limit</i>]	[\$0-\$1,500]
[Covered expenses incurred as a result of an accident and applied to this deductible apply to satisfy the Accident Calendar Year Deductible .]	

[[Plan] [Outpatient Calendar Year Deductible]	[\$0-\$400]
[[Plan] [<i>Family Deductible Limit</i>]	[\$0-\$1,200]

[[Plan] [Hospital Emergency Room Calendar Year Deductible]	[\$0-\$500]
---	-------------

[[Plan] [Accident Calendar Year Deductible]	[\$0-\$250]
[Covered expenses incurred as a result of an accident and applied to the Inpatient Calendar Year Deductible apply to satisfy this deductible .]	

[Schedule of Benefits]

[As to **covered expenses** for [Mental Disorders] [and] [Substance Abuse]:]

[Mental Disorders] [and] [Substance Abuse] [Calendar Year] [Monthly] Maximum Benefits

[Mental Disorders] [and] [Substance Abuse] <i>[Calendar Year Maximum Benefit]</i>	[\$1,000-\$150,000*]
[The most the plan will pay for covered expenses incurred by any one covered person in a calendar year is called the Calendar Year Maximum Benefit.]	

[*\$500-\$15,000 of this maximum is reserved for outpatient expenses]

[Mental Disorders] [and] [Substance Abuse] <i>[Supplemental Calendar Year Maximum Benefit]</i>	[\$1,000-\$45,000]
If a covered person has exhausted their Calendar Year Maximum Benefit, an additional benefit may be paid for covered expenses incurred by any one covered person in a calendar year.]	

[Mental Disorders] [and] [Substance Abuse] <i>[Inpatient Calendar Year Maximum Benefit]</i>	[\$500-\$50,000]
---	------------------

[The most the plan will pay for **covered expenses** incurred by any one covered person in a calendar year for [mental disorders] [and] [substance abuse] charges for **room and board** and other services or supplies given to the person during a **stay** in a **hospital** or **residential treatment facility** is called the Inpatient Calendar Year Maximum Benefit. The inpatient Calendar Year Maximum Benefit is reduced by benefits paid and applied toward the [mental disorders] [and] [substance abuse] maximums. Refer to [Mental Disorders] [and] [Substance Abuse] benefit[s] in this *Schedule of Benefits* for any applicable maximum amounts.]

[If a covered person has exhausted this maximum in a calendar year, an additional benefit may be paid in that calendar year if the person has a **stay** in a **hospital** or **residential treatment facility**. The additional benefit is the Inpatient Supplemental Medical Benefit.]

[Mental Disorders] [and] [Substance Abuse] <i>[Outpatient Calendar Year Maximum Benefit]</i>	[\$200-\$15,000]
--	------------------

[The most the plan will pay for **covered expenses** incurred by any one covered person in a calendar year for charges for [mental disorders] [and] [substance abuse] services or supplies given to the person while *not* confined as a full-time inpatient is called the Outpatient Calendar Year Maximum Benefit.]

<i>[Outpatient Calendar Year Maximum Visits]</i>	[2-10]
--	--------

[As to all other **covered expenses**:]

[Calendar Year] [Monthly] Maximum Benefits

[Plan] <i>[Calendar Year Maximum Benefit]</i>	[\$1,000-\$150,000*]
[The most the plan will pay for covered expenses incurred by any one covered person in a calendar year is called the [Plan] Calendar Year Maximum Benefit.]]	

[*\$500-\$15,000 of this maximum is reserved for outpatient expenses]]

[Schedule of Benefits]

[Plan] [Supplemental Calendar Year Maximum Benefit]	[\$1,000-\$45,000]
If a covered person has exhausted their Calendar Year Maximum Benefit, an additional benefit may be paid for covered expenses incurred by any one covered person in a calendar year.]	

[Plan] [Inpatient Calendar Year Maximum Benefit]	[\$500-\$50,000]
--	------------------

[The most the plan will pay for [Plan] **covered expenses** incurred by any one covered person in a calendar year for charges for **room and board** and other services or supplies given to the person during a **stay** in a **hospital** or other facility is called the Inpatient Calendar Year Maximum Benefit. The inpatient Calendar Year Maximum Benefit is reduced by benefits paid and applied toward the Physician Expenses, Hospital Expenses, and Facility Expenses maximums. Refer to Physician Expenses, Hospital Expenses, and Facility Expenses benefits in this *Schedule of Benefits* for applicable maximum amounts.]

[If a covered person has exhausted this maximum in a calendar year, an additional benefit may be paid in that calendar year if the person has a **stay** in a **hospital** or other facility. The additional benefit is the Inpatient Supplemental Medical Benefit.]

[Plan] [Outpatient Calendar Year Maximum Benefit]	[\$200-\$15,000]
---	------------------

[The most the plan will pay for **covered expenses** incurred by any one covered person in a calendar year for charges for services or supplies given to the person while *not* confined as a full-time inpatient is called the Outpatient Calendar Year Maximum Benefit.]

[Plan] [Outpatient Calendar Year Maximum Visits]	[2-10]
--	--------

[The calendar year maximum benefits do not apply to the “[basic] [and] [limited] [major] [special] [comprehensive] [medical] [**mental disorders**] [and] [**substance abuse**] [dental] [vision] [hearing] [**prescription drug**] expense coverage” described in the Booklet-Certificate.]

As indicated below, the calendar year maximum benefits will not deny benefits for certain **covered expenses** in any one calendar year.

[Outpatient Prescription Drug Calendar Year Maximum Benefit]	\$150-\$3,000]
--	----------------

The most the plan will pay for outpatient prescription drug expenses incurred by any one covered person in a calendar year is called the Outpatient Prescription Drug Calendar Year Maximum Benefit. Covered **prescription drug** expenses [will] [will not] be applied toward the Outpatient Calendar Year Maximum Benefit.]

[Outpatient Prescription Drug Monthly Maximum Benefit]	[\$35-\$200]
--	--------------

The most the plan will pay for outpatient **prescription drug** expenses incurred by any one covered person in a month is called the Outpatient Prescription Drug Calendar Year Maximum Benefit. Covered **prescription drug** expenses [will] [will not] be applied toward the Outpatient Calendar Year Maximum Benefit.]

[Schedule of Benefits]

[As to **covered expenses** for **[Mental Disorders]** [and] **[Substance Abuse]**:]

[Mental Disorders] [and] **[Substance Abuse]** **Lifetime Maximum Benefits**

[Mental Disorders] [and] [Substance Abuse] [<i>Lifetime Maximum Benefit</i>] [(For Persons Not Eligible For Medicare)]	[\$5,000-\$500,000]
--	---------------------

[Mental Disorders] [and] [Substance Abuse] [<i>Lifetime Maximum Benefit</i>] [(For Persons Not Eligible For Medicare)]	[\$50,000-\$500,000] or [52-104] weeks, whichever maximum is reached first*]]
[*Applies to all expenses except those incurred for treatment of injuries resulting from a motor vehicle accident and injuries resulting from play or practice in collegiate and intercollegiate sports.]]	

[Mental Disorders] [and] [Substance Abuse] [<i>Lifetime Maximum Benefit</i>] [(For Persons Eligible For Medicare)]	[\$5,000-\$500,000]]
--	----------------------

[Mental Disorders] [and] [Substance Abuse] [<i>Lifetime Maximum Benefit</i>] [(For Persons Eligible For Medicare)]	[\$50,000-\$500,000] or [52-104] weeks, whichever maximum is reached first*]]
[*Applies to all expenses except those incurred for treatment of injuries resulting from a motor vehicle accident and injuries resulting from play or practice in collegiate and intercollegiate sports.]]	

[The most the plan will pay for **covered expenses** for **[mental disorders]** [and] **[substance abuse]** incurred by any one covered person during their lifetime is called the Lifetime Maximum Benefit.]

[As indicated below, the Lifetime Maximum Benefit will not deny benefits for certain **covered expenses**.]

[Lifetime Maximum Benefit Automatic Yearly Restoration]

On [January 1st] of each year, the amount up to [\$200-\$1,000] which has been counted against your Lifetime Maximum Benefit will automatically be restored without action on your part. [Evidence of good health] will not be required. However, your insurance must be in force and restoration is not available during the “extended insurance” period. It will not provide benefits for **covered expenses** incurred for **[mental disorders]** [and] **[substance abuse]** before the date the Lifetime Maximum Benefit is restored.]

[As to all other **covered expenses**:]

Lifetime Maximum Benefits

[Plan] [<i>Lifetime Maximum Benefit</i>] [(For Persons Not Eligible For Medicare)]	[\$5,000-\$500,000]]
---	----------------------

[Plan] [<i>Lifetime Maximum Benefit</i>] [(For Persons Not Eligible For Medicare)]	[For each illness or injury ,] [\$50,000-\$500,000] or [52-104] weeks, whichever maximum is reached first*]]
---	--

[*Applies to all expenses except those incurred for treatment of injuries resulting from a motor vehicle accident and injuries resulting from play or practice in collegiate and intercollegiate sports.]]

[[Plan] <i>Lifetime Maximum Benefit</i> [(For Persons Eligible For Medicare)]]	[\$5,000-\$500,000]]
---	----------------------

[[Plan] <i>Lifetime Maximum Benefit</i> [(For Persons Eligible For Medicare)]]	[For each illness or injury ,] [\$50,000-\$500,000] or [52-104] weeks, whichever maximum is reached first*]]
---	--

[*Applies to all expenses except those incurred for treatment of injuries resulting from a motor vehicle accident and injuries resulting from play or practice in collegiate and intercollegiate sports.]]

[The most the plan will pay for [Plan] **covered expenses** incurred by any one covered person during their lifetime is called the [Plan] Lifetime Maximum Benefit.]

[The [Plan] Lifetime Maximum Benefit does not apply to the “[basic] [and] [limited] [major] [special] [comprehensive] [medical] [**mental disorders**] [and] [**substance abuse**] [dental] [vision] [hearing] [**prescription drug**] expense coverage” described in the Booklet-Certificate.]

[As indicated below, the [Plan] Lifetime Maximum Benefit will not deny benefits for certain **covered expenses**.]

[[Plan] **Lifetime Maximum Benefit Automatic Yearly Restoration**]

On [January 1st] of each year, the amount up to [\$200-\$1,000] which has been counted against your [Plan] Lifetime Maximum Benefit will automatically be restored without action on your part. [Evidence of good health] will not be required. However, your insurance must be in force and restoration is not available during the "extended insurance" period. It will not provide benefits for **covered expenses** incurred before the date the [Plan] Lifetime Maximum Benefit is restored.]

[Policyholder: ABC Company
Group Policy Number: 12345
Effective Date: January 1, 2004]

Aetna Life Insurance Company
Preferred Provider Organization (PPO)
[Limited] [Major] [Comprehensive] [Outpatient Only] [Accident Only] Medical Expense
Coverage
[Schedule of Benefits]
PLAN FEATURES

Please read these materials carefully as the plan of benefits described in this Booklet-Certificate is limited [to outpatient expenses] [to **accident** expenses] and contains a number of specific limits on visits, services and dollar amounts, in addition to overall dollar maximum benefits payable under the policy. Once these limits have been reached, the plan will not pay any more towards the cost of the services in question and you will be responsible for the remaining unpaid charges or expenses. This Booklet-Certificate explains these visit and service limits, the overall annual benefit maximum, and other cost sharing features of your plan, such as **copayments** and **deductibles**.

[Unless otherwise indicated, any applicable **copay** or **deductible** must be met before benefits are paid.]

Calendar Year Deductibles

[As to [mental disorders] [and] [substance abuse]:

[Unless otherwise indicated, any applicable **deductible** must be met before benefits are paid.]

<u>[Mental disorders] [and] [substance abuse]</u> Calendar Year Deductible	[\$0-\$600]
<u>[Mental disorders] [and] [substance abuse]</u> <i>Family Deductible Limit</i>	[\$0-\$1,800]
<u>[Mental disorders] [and] [substance abuse]</u> Inpatient Calendar Year Deductible	[\$0-\$500]
<u>[Mental disorders] [and] [substance abuse]</u> <i>Family Deductible Limit</i>	[\$0-\$1,500]
[Covered expenses incurred as a result of an accident and applied to this deductible apply to satisfy the Accident Calendar Year Deductible .]	
<u>[Mental disorders] [and] [substance abuse]</u> Outpatient Calendar Year Deductible	[\$0-\$400]
<u>[Mental disorders] [and] [substance abuse]</u> <i>Family Deductible Limit</i>	[\$0-\$1,200]
<u>[Mental disorders] [and] [substance abuse]</u> Hospital Emergency Room Calendar Year Deductible	[\$0-\$500]
<u>[Mental disorders] [and] [substance abuse]</u> Accident Calendar Year Deductible	[\$0-\$250]
[Covered expenses incurred as a result of an accident and applied to the Inpatient Calendar Year Deductible apply to satisfy this deductible .]	

[Schedule of Benefits]

[As to all other Covered Expenses:]

[Applies to all Covered Medical Expenses]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
[[Plan] Calendar Year Deductible]	[\$0-\$600]	[\$0-\$600]	[\$0-\$600]
[[Plan] Family Deductible Limit]	[\$0-\$1,800]	[\$0-\$1,800]	[\$0-\$1,800]

[[Plan] Inpatient Calendar Year Deductible]	[\$0-\$500]	[\$0-\$500]	[\$0-\$500]
[[Plan] Family Deductible Limit]	[\$0-\$1,500]	[\$0-\$1,500]	[\$0-\$1,500]
[Covered expenses incurred as a result of an accident and applied to this deductible apply to satisfy the Accident Calendar Year Deductible .]			

[[Plan] Outpatient Calendar Year Deductible]	[\$0-\$400]	[\$0-\$400]	[\$0-\$400]
[[Plan] Family Deductible Limit]	[\$0-\$1,200]	[\$0-\$1,200]	[\$0-\$1,200]

[[Plan] Hospital Emergency Room Calendar Year Deductible]	[\$0-\$500]	[\$0-\$500]	[\$0-\$500]
[[Plan] Accident Calendar Year Deductible]	[\$0-\$250]	[\$0-\$250]	[\$0-\$250]
[Covered expenses incurred as a result of an accident and applied to the Inpatient Calendar Year Deductible apply to satisfy this deductible .]			

[Schedule of Benefits]

[As to **covered expenses** for **[Mental Disorders]** [and] **[Substance Abuse]**:]

[Mental Disorders] [and] [Substance Abuse] [Calendar Year] [Monthly] Maximum Benefits

[Mental Disorders] [and] [Substance Abuse] <i>[Calendar Year Maximum Benefit]</i>	[\$1,000-\$150,000*]
[The most the plan will pay for covered expenses incurred by any one covered person in a calendar year is called the Calendar Year Maximum Benefit.]	

[*\$500-\$15,000 of this maximum is reserved for outpatient expenses]

[Mental Disorders] [and] [Substance Abuse] <i>[Supplemental Calendar Year Maximum Benefit]</i>	[\$1,000-\$45,000]
If a covered person has exhausted their Calendar Year Maximum Benefit, an additional benefit may be paid for covered expenses incurred by any one covered person in a calendar year.]	

[Mental Disorders] [and] [Substance Abuse] <i>[Inpatient Calendar Year Maximum Benefit]</i>	[\$500-\$50,000]
--	-------------------------

[The most the plan will pay for **covered expenses** incurred by any one covered person in a calendar year for **[mental disorders]** [and] **[substance abuse]** charges for **room and board** and other services or supplies given to the person during a **stay** in a **hospital** or **residential treatment facility** is called the Inpatient Calendar Year Maximum Benefit. The inpatient Calendar Year Maximum Benefit is reduced by benefits paid and applied toward the **[mental disorders]** [and] **[substance abuse]** maximums. Refer to **[Mental Disorders]** [and] **[Substance Abuse]** benefit[s] in this *Schedule of Benefits* for any applicable maximum amounts.]

[If a covered person has exhausted this maximum in a calendar year, an additional benefit may be paid in that calendar year if the person has a **stay** in a **hospital** or **residential treatment facility**. The additional benefit is the Inpatient Supplemental Medical Benefit.]

[Mental Disorders] [and] [Substance Abuse] <i>[Outpatient Calendar Year Maximum Benefit]</i>	[\$200-\$15,000]
---	-------------------------

[The most the plan will pay for **covered expenses** incurred by any one covered person in a calendar year for charges for **[mental disorders]** [and] **[substance abuse]** services or supplies given to the person while *not* confined as a full-time inpatient is called the Outpatient Calendar Year Maximum Benefit.]

<i>[Outpatient Calendar Year Maximum Visits]</i>	[2-10]
---	---------------

[As to all other **covered expenses**:]

[Calendar Year][and Monthly] Maximum Benefits

[Plan] <i>[Calendar Year Maximum Benefit]</i>	[\$1,000-\$150,000*]
[The most the plan will pay for covered expenses incurred by any one covered person in a calendar year is called the [Plan] Calendar Year Maximum Benefit.]]	

[*\$500-\$15,000 of this maximum is reserved for outpatient expenses.]]

[Schedule of Benefits]

[Plan] <i>[Supplemental Calendar Year Maximum Benefit]</i>	[\$1,000-\$45,000]
[If a covered person has exhausted their Calendar Year Maximum Benefit, an additional benefit may be paid for covered expenses incurred by any one covered person in a calendar year.]	

[Plan] <i>[Inpatient Calendar Year Maximum Benefit]</i>	[\$500-\$50,000]
---	------------------

[The most the plan will pay for [Plan] **covered expenses** incurred by any one covered person in a calendar year for charges [made by **network** and **out-of-network providers** and **other health care** providers] for **room and board** and other services or supplies given to the person during a **stay** in a **hospital** or other facility is called the Inpatient Calendar Year Maximum Benefit. The Inpatient Calendar Year Maximum Benefit is reduced by benefits paid and applied toward the Physician Expenses, Hospital Expenses, and Facility Expenses maximums. Refer to the Physician Expenses, Hospital Expenses, and Facility Expenses benefits in this Schedule of Benefits for applicable maximum amounts.]

[If a covered person has exhausted this maximum in a calendar year, an additional benefit may be paid in that calendar year if the person has a **stay** in a **hospital** or other facility. The additional benefit is the Inpatient Supplemental Medical Benefit.]

[Plan] <i>[Outpatient Calendar Year Maximum Benefit]</i>	[\$200-\$15,000]
--	------------------

[The most the plan will pay for **covered expenses** incurred by any one covered person in a calendar year for charges [made by **network** and **out-of-network providers** and **other health care** providers] for services or supplies given to the person while *not* confined as a full-time inpatient is called the Outpatient Calendar Year Maximum Benefit.]

[Plan] <i>[Outpatient Calendar Year Maximum Visits]</i>	[2-10]
---	--------

[The calendar year maximum benefits apply to [network], [out-of-network] and **other health care** expenses combined.]

[The calendar year maximum benefits do not apply to [network] and **other health care** expenses. However, the calendar year maximum benefits apply to [out-of-network] expenses.]

[The calendar year maximum benefits [do] [do not] apply to the “[basic] [and] [limited] [major] [special] [comprehensive] [medical] **[mental disorders]** [and] **[substance abuse]** [dental] [vision] [hearing] **[prescription drug]** expense coverage” described in the Booklet-Certificate.]

[Schedule of Benefits]

As indicated below, the calendar year maximum benefits will not deny benefits for certain **covered expenses** in any one calendar year.

<i>[Outpatient Prescription Drug Calendar Year Maximum Benefit]</i>	\$150-\$3,000]
---	----------------

The most the plan will pay for outpatient **prescription drug** expenses incurred by any one covered person in a calendar year is called the Outpatient Prescription Drug Calendar Year Maximum Benefit. Covered **prescription drug** expenses [will] [will not] be applied toward the Outpatient Calendar Year Maximum Benefit.]

<i>[Outpatient Prescription Drug Monthly Maximum Benefit]</i>	\$35-\$200]
---	-------------

The most the plan will pay for outpatient **prescription drug** expenses incurred by any one covered person in a month is called the Outpatient Prescription Drug Calendar Year Maximum Benefit. Covered **prescription drug** expenses [will] [will not] be applied toward the Outpatient Calendar Year Maximum Benefit.

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[MENTAL DISORDERS [AND] SUBSTANCE ABUSE]			
[MENTAL DISORDERS]			
Hospital Facility Expenses [Room and Board]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-\$5,000 per admission copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%] [\$0-\$500 copay per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then plan pays 50% - 100% thereafter, per admission] [No deductible applies.] [Deductible] waived for first \$25-\$500 per calendar year]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%] [\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission] [No deductible applies.] [Deductible] waived for first \$25-\$500 per calendar year]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%] [\$0-\$500 deductible per day for up to 1-10 days [after the [mental disorders [and] substance abuse] calendar year deductible [then plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission] [No deductible applies.] [Deductible] waived for first \$25-\$500 per calendar year]
[Maximum Benefit per [calendar year] [12 -24 consecutive month period]]	[\$1,000-unlimited]	[\$1,000-unlimited]	[\$1,000-unlimited]
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]	[\$200-unlimited]
[Maximum days per [calendar year] [12 -24 consecutive month period]]	[30-unlimited]	[30-unlimited]	[30-unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
<i>[Hospital Facility Expenses (other than Room and Board)]</i>	[50%-100% after the [mental disorders [and] substance abuse] deductible per admission] [No deductible applies.]	[50%-100% after the [mental disorders [and] substance abuse] deductible per admission] [No deductible applies.]	[50%-100% after the [mental disorders [and] substance abuse] deductible per admission] [No deductible applies.]
<i>[Hospital Facility Expenses – Physician]</i>			
[Primary Care Physician]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]
[Aexcel Designated Network Specialist]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[Non-Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[All other Physician Services]	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
	<p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
		[Not Covered.]	[Not Covered.]
[Maximum Benefit per [calendar year] [12 -24 consecutive month period]]	[\$1,000-unlimited]	[\$1,000-unlimited]	[\$1,000-unlimited]
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]	[\$200-unlimited]
[Maximum days per [calendar year] [12 -24 consecutive month period]]	[30- unlimited]	[30- unlimited]	[30- unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
<i>[Inpatient Residential Treatment Facility Expenses]</i>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 copay per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p> <p>[Not Covered]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p> <p>[Not Covered]</p>
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]	[\$200-unlimited]
[Maximum Benefit per [calendar] year] [12 -24 consecutive month period]]	[\$15,000-unlimited] [3-unlimited admissions]	[\$15,000-unlimited] [3-unlimited admissions]	[\$15,000-unlimited] [3-unlimited admissions]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[Maximum Days Benefit per [calendar year] [12-24 consecutive month benefit period]	[15-unlimited]	[15-unlimited days]	[15-unlimited days]
<i>[Inpatient Residential Treatment Facility Expenses Physician Services]</i>			
[Primary Care Physician]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Aexcel Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Non-Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>

[Non-Designated	[Not Applicable]	[50-100% per visit after the	[50-100% per visit after the
-----------------	------------------	------------------------------	------------------------------

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
Network Specialist or Out-of-Network Provider Specialist		<p>[mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[All other Physician Services]	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Outpatient Services]			
[Primary Care Physician and Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>
[Aexcel Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-</p>	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
	100%]		
[Non-Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>
[All Other Specialists and Outpatient Services]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Visits per [calendar year] [12-24	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
consecutive month benefit period]] [If you incurred your [3-10] non-surgical visit maximum, you will be entitled to one office visit for this covered expense as long as a visit for this covered expense was not included in the [3-10] visits you used.]	[Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]	[Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]	[Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per [calendar] year] [12 -24 consecutive month period]]	[\$100-unlimited]	[\$100-unlimited]	[\$100-unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[SUBSTANCE ABUSE]			
Hospital Facility Expenses [Room and Board]	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 copay per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then plan pays 50% - 100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days [after the [mental disorders [and] substance abuse] calendar year deductible [then plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year]</p>
[Maximum Benefit per [calendar year] [12 -24 consecutive month period]]	[\$1,000-unlimited]	[\$1,000-unlimited]	[\$1,000-unlimited]
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]	[\$200-unlimited]
[Maximum days per [calendar year] [12 -24 consecutive month period]]	[30-unlimited]	[30-unlimited]	[30-unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
<i>[Hospital Facility Expenses (other than Room and Board)]</i>	[50%-100% after the [mental disorders [and] substance abuse] deductible per admission] [No deductible applies.]	[50%-100% after the [mental disorders [and] substance abuse] deductible per admission] [No deductible applies.]	[50%-100% after the [mental disorders [and] substance abuse] deductible per admission] [No deductible applies.]
<i>[Hospital Facility Expenses – Physician]</i>			
[Primary Care Physician]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]
[Aexcel Designated Network Specialist]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]
[Non-Designated Network Specialist]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after he [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after he [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]
[All other Physician Services]	[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered.]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered.]
[Maximum Benefit per [calendar year] [12 -24 consecutive month period]]	[\$1,000-unlimited]	[\$1,000-unlimited]	[\$1,000-unlimited]
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]	[\$200-unlimited]
[Maximum days per [calendar year] [12 -24 consecutive month period]]	[30- unlimited]	[30- unlimited]	[30- unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
<i>[Inpatient Residential Treatment Facility Expenses]</i>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 copay per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p> <p>[Not Covered]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p> <p>[Not Covered]</p>
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]	[\$200-unlimited]
[Maximum Benefit per [calendar] year] [12 -24 consecutive month period]]	[\$15,000-unlimited] [3-unlimited admissions]	[\$15,000-unlimited] [3-unlimited admissions]	[\$15,000-unlimited] [3-unlimited admissions]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
<i>[Inpatient Residential Treatment Facility Expenses Physician Services]</i>			
[Primary Care Physician]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Aexcel Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Non-Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible</p>

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
		the plan pays 50-100%]	then the plan pays 50-100%]
[All other Physician Services]	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
<i>[Outpatient Services]</i>			
[Primary Care Physician and Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>
[Aexcel Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>
[Non-Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible,</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [[mental disorders [and] substance abuse] calendar year</p>

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
		then the plan pays 50-100%]	deductible , then the plan pays 50-100%]
[All Other Specialists and Outpatient Services]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
<p>[Maximum Visits per [calendar year] [12-24 consecutive month benefit period]]</p> <p>[If you incurred your [3-10] non-surgical visit maximum, you will be entitled to one office visit for this covered expense as long as a visit for this covered expense was not included in the [3-10] visits you used.]</p>	<p>[1-unlimited visits]</p> <p>[Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]</p>	<p>[1-unlimited visits]</p> <p>[Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]</p>	<p>[1-unlimited visits]</p> <p>[Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]</p>
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per [calendar] year] [12 -24 consecutive month period]]	[\$100-unlimited]	[\$100-unlimited]	[\$100-unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[MENTAL DISORDERS [AND] SUBSTANCE ABUSE]		
[MENTAL DISORDERS]		
Hospital Facility Expenses [Room and Board]	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 copay per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible] [then the plan pays 50%-100% for [the first] [1-10] days] then plan pays 50% - 100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible] waived for first \$25-\$500 per calendar year]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible] [then plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible] waived for first \$25-\$500 per calendar year]</p>
[Maximum Benefit per [calendar year] [12 -24 consecutive month period]]	[\$1,000-unlimited]	[\$1,000-unlimited]
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]
[Maximum days per [calendar year] [12 -24 consecutive month period]]	[30-unlimited]	[30-unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[Hospital Facility Expenses (other than Room and Board)]	<p>[50%-100% after the [mental disorders [and] substance abuse] deductible per admission]</p> <p>[No deductible applies.]</p>	<p>[50%-100% after the [mental disorders [and] substance abuse] deductible per admission]</p> <p>[No deductible applies.]</p>
[Hospital Facility Expenses – Physician]	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Primary Care Physician]	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Aexcel Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]
[Non-Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]
[All other Physician Services]	[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered.]
[Maximum Benefit per [calendar year] [12 -24 consecutive month period]]	[\$1,000-unlimited]	[\$1,000-unlimited]
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]
[Maximum days per [calendar year] [12 -24 consecutive month period]]	[30- unlimited]	[30- unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
<i>[Inpatient Residential Treatment Facility Expenses]</i>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 copay per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p> <p>[Not Covered]</p>
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]
[Maximum Benefit per [calendar] year] [12 -24 consecutive month period]]	[\$15,000-unlimited] [3-unlimited admissions]	[\$15,000-unlimited] [3-unlimited admissions]
[Maximum Days Benefit per [calendar] year] [12-24 consecutive month benefit period]	[15-unlimited]	[15-unlimited days]
<i>[Inpatient Residential Treatment Facility Expenses Physician Services]</i>		
[Primary Care Physician]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse]calendar year deductible]</p> <p>[\$0-75 per visit deductible after [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[Aexcel Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]
[Non-Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[All other Physician Services]	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
<i>[Outpatient Services]</i>		
[Primary Care Physician and Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>
[Aexcel Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	[Not Applicable]
[Non-Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>	[Not Applicable]
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p>
[All Other Specialists and Outpatient Services]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p>

	[Deductible waived for first \$25-500 per calendar year]	[Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Visits per [calendar year] [12-24 consecutive month benefit period]] [If you incurred your [3-10] non-surgical visit maximum, you will be entitled to one office visit for this covered expense as long as a visit for this covered expense was not included in the [3-10] visits you used.]	[1-unlimited visits] [Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]	[1-unlimited visits] [Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per [calendar] year] [12 -24 consecutive month period]]	[\$100-unlimited]	[\$100-unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[SUBSTANCE ABUSE]		
<i>Hospital Facility Expenses</i> [Room and Board]	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 copay per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p> <p>[Not Covered]</p>
[Maximum Benefit per [calendar] year] [12 -24 consecutive month period]]	[\$1,000-unlimited]	[\$1,000-unlimited]
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]
[Maximum days per [calendar year] [12 -24 consecutive month period]]	[30-unlimited]	[30-unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
<i>[Hospital Facility Expenses (other than Room and Board)]</i>	[50%-100% after the [mental disorders [and] substance abuse] deductible per admission] [No deductible applies.]	[50%-100% after the [mental disorders [and] substance abuse] deductible per admission] [No deductible applies.]
<i>[Hospital Facility Expenses – Physician]</i>		
[Primary Care Physician]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]
[Aexcel Designated Network Specialist]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialist]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible] [\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
[All other Physician Services]	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
	<p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered.]</p>
[Maximum Benefit per [calendar] year] [12 -24 consecutive month period]]	[\$1,000-unlimited]	[\$1,000-unlimited]
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]
[Maximum days per [calendar] year] [12 -24 consecutive month period]]	[30- unlimited]	[30- unlimited]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
<i>[Inpatient Residential Treatment Facility Expenses]</i>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 copay per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>
[Maximum Benefit per day]	[\$200-unlimited]	[\$200-unlimited]
[Maximum Benefit per [calendar year] [12-24 consecutive month benefit period]]	[\$15,000-unlimited] [3-unlimited admissions]	[\$15,000-unlimited] [3-unlimited admissions]
[Maximum Days Benefit per [calendar year] [12-24 consecutive month benefit period]]	[15-unlimited]	[15-unlimited days]
[Maximum Benefit per Lifetime]	[\$15,000-unlimited] [3-unlimited admissions]	[\$15,000-unlimited] [3-unlimited admissions]

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
<i>[Inpatient Residential Treatment Facility Expenses Physician Services]</i>		
[Primary Care Physician]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[Aexcel Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]
[Non-Designated Network Specialist]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>	[Not Applicable]
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50-100%]</p>
[All other Physician Services]	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit copay after the [mental disorders [and] substance abuse]calendar year deductible then the plan pays 50-100%]</p>	<p>[50-100% per visit/admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse]calendar year deductible then the plan pays 50-100%]</p>

PLAN FEATURES	[NETWORK]	[OUT-OF-NETWORK]
<i>[Outpatient Services]</i>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit copay after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Benefit per visit]	[\$100-unlimited]	[\$100-unlimited]
[Maximum Benefit per [calendar year] [12-24 consecutive month benefit period]]	[\$250-unlimited]	[\$250-unlimited]
<p>[Maximum Visits per [calendar year] [12-24 consecutive month benefit period]]</p> <p>[If you incurred your [3-10] non-surgical visit maximum, you will be entitled to one office visit for this covered expense as long as a visit for this covered expense was not included in the [3-10] visits you used.]</p>	<p>[1-unlimited visits]</p> <p>[Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]</p>	<p>[1-unlimited visits]</p> <p>[Subject to the <i>Physician and Specialists Office Visits (non-surgical)</i> maximum]</p>

PLAN FEATURES	
[MENTAL DISORDERS] [AND] SUBSTANCE ABUSE]	
[MENTAL DISORDERS]	
Hospital Facility Expenses [Room and Board]	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000]per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible] applies.]</p> <p>[Deductible] waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>
[Maximum Benefit per day]	[\$200-unlimited]
[Maximum Benefit per [calendar year] [12-24 consecutive month benefit period]]	[15-unlimited days] [\$1,500-unlimited] [3-unlimited admissions]
[Maximum days per [calendar year]	[15-unlimited days] [\$1,500-unlimited] [3-unlimited admissions]
[Hospital Facility Expenses (other than Room and Board)]	<p>[[50%-100% after the deductible per admission]</p> <p>[No deductible applies.]</p>

PLAN FEATURES	
<i>[Inpatient Residential Treatment Facility]</i>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50% 100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible] applies.]</p> <p>[Deductible] waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>
[Maximum Benefit per day:]	[\$200-unlimited]
[Maximum Benefit per [calendar year] [12-24 consecutive month benefit period]	[\$2,000-unlimited] [3-unlimited admissions]
[Maximum Days per [calendar year]] [12 -24 consecutive month period]]	[15-unlimited days]
[Maximum Benefit per lifetime]	[\$15,000-unlimited] [3-unlimited admissions]
<i>[Outpatient Services]</i>	<p>[50%-100% per visit after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[No deductible] applies.]</p> <p>[Deductible] waived for first \$25-\$500 per calendar year]</p>

PLAN FEATURES	
[Maximum Benefit per visit]	[\$50-unlimited]
[Maximum Benefit per [calendar year] [12-24 consecutive month benefit period] [for all mental health benefits inpatient and outpatient]]	[\$100-unlimited]
[Maximum Visits per [calendar year] [12-24 consecutive month benefit period]]	[1-365 visit]
[SUBSTANCE ABUSE]	
Hospital Facility Expenses [Room and Board]	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000]per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year deductible [then the plan pays 50%-100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible] applies.]</p> <p>[Deductible] waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>
[Maximum Benefit per day]	[\$200-unlimited]
[Maximum Benefit per [calendar year] [12-24 consecutive month benefit period]]	[15-unlimited days] [\$1,500-unlimited] [3-unlimited admissions]
[Maximum days per [calendar year]]	[15-unlimited days] [\$1,500-unlimited] [3-unlimited admissions]
[Hospital Facility Expenses (other than Room and Board)]	[[50%-100% after the deductible per admission]

PLAN FEATURES	
	[No deductible applies.]
<i>[Inpatient Residential Treatment Facility]</i>	<p>[50%-100% per admission after the [mental disorders [and] substance abuse] calendar year deductible]</p> <p>[\$0-\$5,000 per admission deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[\$0-\$500 deductible per day for up to 1-10 days after the [mental disorders [and] substance abuse] calendar year]deductible [then the plan pays 50% 100% for [the first] [1-10] days] then the plan pays 50%-100% thereafter, per admission]</p> <p>[No deductible] applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year, then the plan pays 50%-100% per admission]</p>
[Maximum Benefit per day:]	[\$200-unlimited]
[Maximum Benefit per [calendar year] [12-24 consecutive month benefit period]	[\$2,000-unlimited] [3-unlimited admissions]
[Maximum Days per [calendar year]] [12 -24 consecutive month period]]	[15-unlimited days]
[Maximum Benefit per lifetime]	[\$15,000-unlimited] [3-unlimited admissions]
<i>[Outpatient Services]</i>	<p>[50%-100% per visit after the [mental disorders [and] substance abuse] calendar year] deductible]</p> <p>[\$0-\$75 per visit deductible after the [mental disorders [and] substance abuse] calendar year deductible then the plan pays 50%-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-\$500 per calendar year]</p>

PLAN FEATURES	
[Maximum Benefit per visit]	[\$50-unlimited]
[Maximum Benefit per [calendar year] [12-24 consecutive month benefit period]	[\$100-unlimited]
[Maximum Visits per [calendar year] [12-24 consecutive month benefit period]]	[1-365 visit]

[Schedule of Benefits]

PLAN FEATURES	
[TREATMENT OF [SUBSTANCE ABUSE] [AND] [MENTAL DISORDERS]]	
[MENTAL DISORDERS]	
[Hospital Expenses]	
[Inpatient Hospital Expenses]	[50%-100% per admission after the [mental disorders [and] substance abuse] after the Calendar Year Deductible, and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible]
[Maximum per day]	[\$200-\$1,000]
[Maximum per [calendar year] [lifetime]]	[\$2,500-\$8,000] [3-10 visits]
[Maximum per calendar year (applies to inpatient and outpatient hospital expenses)]	[\$2,000-6,000*]
[*This maximum does not apply to room and board expenses.]	
[Daily maximum benefit for room and board]	[\$200-\$1,000]
[ICU maximum per day]	[\$300-\$3,000]
[Maximum per calendar year for other facility services and supplies]	[\$500-\$3,500]
[Maximum days per period of confinement] [calendar year] [lifetime]]	[5-30]
[Daily maximum benefit]	[\$300-\$600 per day up to 5-10 days per period of confinement]
[Inpatient Residential Treatment Facility]	[50%-100% per admission after the [mental disorders [and] substance abuse] after the Calendar Year Deductible and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible]
[Maximum per day]	[\$200-\$600]
[Maximum per [calendar year] [lifetime]]	[15-45 days] [\$15,000-\$45,000] [3-9 admissions]

[Schedule of Benefits]

<i>[Outpatient Services]</i>	[50%-100% after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Outpatient Calendar Year Deductible and a \$0-\$50 office visit deductible]
[Maximum per office visit]	[\$35-\$100]
[Maximum per number of visits per calendar year]	[5-10 visits]

[Schedule of Benefits]

PLAN FEATURES	
[SUBSTANCE ABUSE]	
[Hospital Expenses]	
<i>[Inpatient Hospital Expenses]</i>	[50%-100% per admission after the [mental disorders [and] substance abuse] after the Calendar Year Deductible , and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible]
[Maximum per day]	[\$200-\$1,000]
[Maximum per [calendar year] [lifetime]]	[\$2,500-\$8,000] [3-10 visits]
[Maximum per calendar year (applies to <i>inpatient and outpatient hospital expenses</i>)]	[\$2,000-6,000*]
[*This maximum does not apply to room and board expenses.]	
[Daily maximum benefit for room and board]	[\$200-\$1,000]
[ICU maximum per day]	[\$300-\$3,000]
[Maximum per calendar year for other facility services and supplies]	[\$500-\$3,500]
[Maximum days per period of confinement] [calendar year] [lifetime]]	[5-30]
[Daily maximum benefit]	[\$300-\$600 per day up to 5-10 days per period of confinement]
<i>[Inpatient Residential Treatment Facility]</i>	[50%-100% per admission after the [mental disorders [and] substance abuse] after the Calendar Year Deductible and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible] [Not covered.]
[Maximum per day]	[\$200-\$600]
[Maximum per [calendar year] [lifetime]]	[15-45 days] [\$15,000-\$45,000] [3-9 admissions]
<i>[Outpatient Services]</i>	[50%-100% after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Outpatient Calendar Year Deductible and a \$0-\$50 office visit deductible]
[Maximum per office visit]	[\$35-\$100]
[Maximum per number of visits per calendar year]	[5-10 visits]

[Schedule of Benefits]

PLAN FEATURES	[IN-NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[TREATMENT OF [SUBSTANCE ABUSE] [AND] [MENTAL DISORDERS]]			
[MENTAL DISORDERS]			
[Hospital Expenses] <i>[Inpatient Hospital Expenses]</i>	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Inpatient Calendar Year Deductible and a \$0-\$50 per admission copay]	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible]	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible]
[Maximum per day]	[\$200-\$1,000]	[\$200-\$1,000]	[\$200-\$1,000]
[Maximum per [calendar year] [lifetime]]	[\$2,500-\$8,000] [3-10 visits]	[\$2,500-\$8,000] [3-10 visits]	[\$2,500-\$8,000] [3-10 visits]
[Maximum per calendar year (applies to <i>inpatient and outpatient hospital expenses</i>)]	[\$2,000-6,000*]	[\$2,000-6,000*]	[\$2,000-6,000*]
[*This maximum does not apply to room and board expenses.]			
[Daily maximum benefit for room and board]	[\$200-\$1,000]	[\$200-\$1,000]	[\$200-\$1,000]
[ICU maximum per day]	[\$300-\$3,000]	[\$300-\$3,000]	[\$300-\$3,000]
[Maximum per calendar year for other facility services and supplies]	[\$500-\$3,500]	[\$500-\$3,500]	[\$500-\$3,500]
[Maximum days per period of confinement] [calendar year] [lifetime]]	[5-30]	[5-30]	[5-30]

[Schedule of Benefits]

PLAN FEATURES	[IN-NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[Daily maximum benefit]	[\$300-\$600 per day up to 5-10 days per period of confinement]	[\$300-\$600 per day up to 5-10 days per period of confinement]	[\$300-\$600 per day up to 5-10 days per period of confinement]
[Inpatient Residential Treatment Facility]	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible and Inpatient Calendar Year Deductible and a \$0-\$50 per admission copay]	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible]	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible]
[Maximum per day]	[\$200-\$600]	[\$200-\$600]	[\$200-\$600]
[Maximum per [calendar year] [lifetime]]	[15-45 days] [\$15,000-\$45,000] [3-9 admissions]	[15-45 days] [\$15,000-\$45,000] [3-9 admissions]	[15-45 days] [\$15,000-\$45,000] [3-9 admissions]
[Outpatient Services]	[50%-100% after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Outpatient Calendar Year Deductible and a \$0-\$50 office visit copay]	[50%-100% after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Outpatient Calendar Year Deductible and a \$0-\$50 office visit deductible]	[50%-100% after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Outpatient Calendar Year Deductible and a \$0-\$50 office visit deductible]
[Maximum per office visit]	[\$35-\$100]	[\$35-\$100]	[\$35-\$100]
[Maximum per number of visits per calendar year]	[5-10 visits]	[5-10 visits]	[5-10 visits]

[Schedule of Benefits]

PLAN FEATURES	[IN-NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[SUBSTANCE ABUSE]			
[Hospital Expenses]			
<i>[Inpatient Hospital Expenses]</i>	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Inpatient Calendar Year Deductible and a \$0-\$50 per admission copay]	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible]	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible]
[Maximum per day]	[\$200-\$1,000]	[\$200-\$1,000]	[\$200-\$1,000]
[Maximum per [calendar year] [lifetime]]	[\$2,500-\$8,000] [3-10 visits]	[\$2,500-\$8,000] [3-10 visits]	[\$2,500-\$8,000] [3-10 visits]
[Maximum per calendar year (applies to <i>inpatient and outpatient hospital expenses</i>)]	[\$2,000-6,000*]	[\$2,000-6,000*]	[\$2,000-6,000*]
[*This maximum does not apply to room and board expenses.]			
[Daily maximum benefit for room and board]	[\$200-\$1,000]	[\$200-\$1,000]	[\$200-\$1,000]
[ICU maximum per day]	[\$300-\$3,000]	[\$300-\$3,000]	[\$300-\$3,000]
[Maximum per calendar year for other facility services and supplies]	[\$500-\$3,500]	[\$500-\$3,500]	[\$500-\$3,500]
[Maximum days per period of confinement] [calendar year] [lifetime]]	[5-30]	[5-30]	[5-30]

[Policyholder: ABC Company
Group Policy Number: 12345
Effective Date: January 1, 2004]

[Schedule of Benefits]

[Daily maximum benefit]	[\$300-\$600 per day up to 5-10 days per period of confinement]	[\$300-\$600 per day up to 5-10 days per period of confinement]	[\$300-\$600 per day up to 5-10 days per period of confinement]

[Schedule of Benefits]

PLAN FEATURES	[IN-NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
<i>[Inpatient Residential Treatment Facility]</i>	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible and Inpatient Calendar Year Deductible and a \$0-\$50 per admission copay] [Not covered.]	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible] [Not covered.]	[50%-100% per admission after the [mental disorders [and] substance abuse] Calendar Year Deductible and Inpatient Calendar Year Deductible and a \$0-\$50 per admission deductible] [Not covered.]
[Maximum per day]	[\$200-\$600]	[\$200-\$600]	[\$200-\$600]
[Maximum per [calendar year] [lifetime]]	[15-45 days] [\$15,000-\$45,000] [3-9 admissions]	[15-45 days] [\$15,000-\$45,000] [3-9 admissions]	[15-45 days] [\$15,000-\$45,000] [3-9 admissions]
<i>[Outpatient Services]</i>	[50%-100% after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Outpatient Calendar Year Deductible and a \$0-\$50 office visit copay]	[50%-100% after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Outpatient Calendar Year Deductible and a \$0-\$50 office visit deductible]	[50%-100% after the [mental disorders [and] substance abuse] Calendar Year Deductible , and Outpatient Calendar Year Deductible and a \$0-\$50 office visit deductible]
[Maximum per office visit]	[\$35-\$100]	[\$35-\$100]	[\$35-\$100]
[Maximum per number of visits per calendar year]	[5-10 visits]	[5-10 visits]	[5-10 visits]

Certification For Substance Abuse or Mental Disorders

A person must obtain Certification prior to receiving any of the Covered Medical Expenses that may be **necessary** for the **effective treatment of substance abuse or mental disorders** as long as they have been ordered and prescribe by a **physician** [who is a **Preferred Care Provider**]: [

- Inpatient or Outpatient **Hospital** services;
- **Residential Treatment Facility** services;
- Partial Hospitalization Programs;
- Intensive Outpatient Programs;
- Amytal interview;
- Applied Behavioral Analysis;
- Biofeedback;
- Electroconvulsive therapy;
- Neuropsychological testing;
- Outpatient detoxification;
- Psychiatric home care services; or
- Psychological testing.]

[If certification has been requested and denied, or if certification has not been requested and an inpatient confinement (or any day of it) or outpatient treatment is not **necessary**, no benefits will be paid.]

[If certification has not been requested and the inpatient confinement or outpatient treatment is **necessary**, such expenses, up to the Excluded Amount, will not be Covered Medical Expenses.]

[If certification has not been requested and the inpatient confinement or outpatient treatment is not **necessary**, no benefits will be paid.]

[Treatment of [Mental Disorders [and] Substance Abuse]]

Covered Medical Expenses include charges made for the treatment of **[mental disorders]** [as defined below] [and] **substance abuse** by **behavioral health providers**.

Important Note:

Not all types of services are covered. For example, educational services and certain types of therapies are not covered. See *General Exclusions* for more information.

[Mental Disorders]

Covered Medical Expenses include charges made for the treatment of **[mental disorders]** by **behavioral health providers**. In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a written treatment plan prescribed and supervised by a **behavioral health provider**;
- This Plan includes follow-up treatment; and
- This Plan is for a condition that can favorably be changed.

Benefits are payable for charges incurred in a **hospital**, [psychiatric **hospital**], [**residential**] **treatment facility** or **behavioral health provider's** office for the treatment of **mental disorders** as follows:

Inpatient Treatment

Covered Medical Expenses include charges for **board and room** at the **semi-private room rate**, and other services and supplies provided during your **stay** in a **hospital**, psychiatric **hospital**, or [**residential**] **treatment facility**. Inpatient benefits are payable only if your condition requires services that are only available in an inpatient setting.]

[Partial Confinement Treatment]

Covered Medical Expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of a [**mental disorder**]. Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.]

[Definitions]

Mental Disorder

An illness commonly understood to be a **mental disorder**, whether or not it has a physiological or organic basis, and for which treatment is generally provided by or under the direction of a **behavioral health provider** such as a **psychiatric physician**, a psychologist or a psychiatric social worker.

Any one of the following conditions is a **mental disorder** under this plan:

- Anorexia/Bulimia Nervosa.
- Bipolar disorder.
- Major depressive disorder.
- Obsessive compulsive disorder.
- Panic disorder.
- Pervasive Mental Developmental Disorder (including Autism).
- Psychotic Disorders/Delusional Disorder.
- Schizo-affective Disorder.
- Schizophrenia.]

Important Reminder

[Inpatient care, partial **hospitalizations** and outpatient treatment] must be certified by **Aetna**. Refer to *Certification For Substance Abuse or Mental Disorders* for more information about certification.]

[Outpatient Treatment

Covered Medical Expenses include charges for treatment received while not confined as a full-time inpatient in a **hospital**, [psychiatric **hospital**.] or [**residential**] **treatment facility**.

[This Plan covers partial **hospitalization** services (more than [4 hours], but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment. The partial **hospitalization** will only be covered if you would need inpatient care if you were not admitted to this type of facility.]

Please refer to the *Summary of Coverage* for any [**mental disorders** [and] **substance abuse**] deductibles, maximums and out-of-pocket limits that may apply [to your [**mental disorders**] [and] [**substance abuse**] benefits].

Important Reminder[s]

§ [Inpatient care, partial **hospitalizations** and outpatient treatment] must be certified by **Aetna**. Refer to *Certification For Substance Abuse or Mental Disorders* for more information about certification]

§ Please refer to the *Summary of Coverage* for any copayments/deductibles, maximums and out-of-pocket limits that may apply [to your **mental disorders** and **substance abuse** benefits].]

[Substance Abuse

Covered Medical Expenses include charges made for the treatment of [**substance abuse**] by **behavioral health providers**. In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a program of therapy prescribed and supervised by a **behavioral health provider**; and
- The program of therapy includes either:
 - A follow up program directed by a **behavioral health provider** on at least a monthly basis; or
 - Meetings at least twice a month with an organization devoted to the treatment of **[substance abuse]**.

Please refer to the *[Summary of Coverage]* for any **[mental disorders [and] substance abuse]** deductibles, maximums and out-of-pocket limits that may apply [to your **mental disorders [and] substance abuse** benefits].

[Inpatient Treatment]

This Plan covers **board and room** at the **semi-private room rate** and other services and supplies provided during your **stay** in a [psychiatric] **hospital** or **[residential] treatment facility**, appropriately licensed by the state Department of Health or its equivalent.

Coverage includes:

- Treatment in a **hospital** for the medical complications of **[substance abuse]**.
- “Medical complications” include **detoxification**, electrolyte imbalances, malnutrition, cirrhosis of the liver, delirium tremens and hepatitis.
- Treatment in a **hospital** is covered only when the **hospital** does not have a separate treatment facility section.

Important Reminder

[Inpatient care, partial **hospitalizations** and outpatient treatment] must be certified by **Aetna**. Refer to *Certification For Substance Abuse or Mental Disorders* for more information about certification.]

[Outpatient Treatment]

Outpatient treatment includes charges for treatment received **[substance abuse]** while not confined as a full-time inpatient in a **hospital**, [psychiatric **hospital**,] or **[residential] treatment facility**.]

[This Plan covers partial **hospitalization** services (more than [4 hours], but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of alcohol or drug abuse. The partial **hospitalization** will only be covered if you would need inpatient treatment if you were not admitted to this type of facility.]

Important Reminder

[Inpatient treatment, partial-**hospitalization** care and outpatient treatment] must be certified by **Aetna**. Refer to *Certification For Substance Abuse or Mental Disorders* for more information about certification.

[Partial Confinement Treatment]

Covered Medical Expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of **[substance abuse]**.

Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.]

Important Reminder[s]

- § [Inpatient care, partial **hospitalizations** and outpatient treatment] must be certified by **Aetna**. Refer to *Certification For Substance Abuse or Mental Disorders* for more information about **certification**.
 § Please refer to the [Summary of Coverage] for any copayments/deductibles, maximums and out-of-pocket maximums that may apply [to your **mental disorders** and **substance abuse** benefits].]

[BENEFIT— Covered Medical Expenses are payable as follows:] [Covered Medical Expenses are payable on the same basis as other disease].

	[Aetna Preferred Network Care]	[Aetna Non-Preferred Network Care]
[Applicable to [Mental Disorders] [and] [Substance Abuse]]: •		
[Individual] Calendar Year Deductible Applies	[yes] [no]	[yes] [no]
[Mental Disorders] [and] [Substance Abuse] [Individual] Calendar Year Deductible]	[None - \$10,000]	[None - \$15,000]
[Mental Disorders] [and] [Substance Abuse] [Family] Calendar Year Deductible]	[None - \$30,000]	[None - \$45,000]
[[Mental Disorders [and] Substance Abuse] Family Deductible Limit]	[\$100-\$30,000 or 2x's - 3x's the individual deductible]	[\$100-\$30,000 or 2x's - 3x's the individual deductible]
[[Mental Disorders [and] Substance Abuse] Per Admission Copayment	[\$0-\$500 per day up to] [1-10 days] [\$0-\$5,000]]	N/A
[[Mental Disorders [and] Substance Abuse] Per Admission Deductible*	N/A	[\$100-\$750] per day up to [10 days] [\$0-\$7,500] per admission]

	Aetna Preferred Network Care	[Aetna Non-Preferred Network Care]
[Deductible Waiver] [Applies to the benefits listed in Deductible Waiver Provision of this [Summary of Coverage]]Applies to [Mental Disorders [and] Substance Abuse] benefits]	[Deductible] waived for first [\$0-\$500] per calendar year, then [50%-100%]	[Deductible] waived for first [\$0-\$500] per calendar year, then [50%-100%]
First Dollar Benefit: The Plan pays 100% of covered expenses for [mental disorders] [and] [substance abuse] up to the first dollar maximum shown below. This [Summary of Coverage] for a list of the First Dollar Benefits.]		
[Mental Disorders [and] Substance Abuse] Individual Amount	[\$50-\$100]	[\$50-\$1,000] [Not Covered]
[Mental Disorders [and] Substance Abuse] Family Amount	[\$100-\$2,000]	[\$100-\$2,000] [Not Covered]
[Mental Disorders [and] Substance Abuse] [Common Accident Deductible]	[\$100-\$10,000]	[\$100-\$10,000]
[Mental Disorders [and] Substance Abuse] [Separate Accident Benefit]	[100% deductible waived]	[100% deductible waived]
[Maximum per calendar year]	[\$100-\$1,000]	[\$100-\$1,000]
[*Unless otherwise indicated, any applicable deductible must be met before benefits are paid.]		
[Individual [Mental Disorders] [and] Substance Abuse] [Coinsurance] [Payment] [Out-of-Pocket] Limit:	[\$0-\$20,000]	[\$0-unlimited]
[Family [Mental Disorders] [and] Substance Abuse] [Coinsurance] [Payment] [Out-of-Pocket] Limit:	[\$0-\$60,000]	[\$0-\$120,000]

**Aetna Preferred
Network Care]****Aetna Non-
Preferred
Network Care**

[Combined Preferred and Non-Preferred **Mental Disorders**] [and] **Substance Abuse**] [Coinsurance] [Payment] [Out-of-Pocket] Limit:

§ Individual [\$0-unlimited]

§ Family [\$0-\$120,000]

[*Unless otherwise indicated, any applicable **deductible** must be met before benefits are paid.]

[[**Mental Disorders**] [and] **Substance Abuse**] [Calendar Year] **Maximum Benefit Per Person**]:

[\$25,000-
Unlimited]

[\$25,000- Unlimited]

[[**Mental Disorders**] [and] **Substance Abuse**] **Lifetime Maximum Benefit Per Person**]:

[\$25,000-
Unlimited]

[\$25,000- Unlimited]

[[**Mental Disorders**] [and] **Substance Abuse**] **Lifetime Maximum Automatic Yearly Restoration**]]:

[\$1,000-\$50,000]

[\$1,000-\$50,000]

As to **Mental Disorders**:

Inpatient Facility

*While confined in a **Hospital***

[Inpatient Confinement Copay

[None - \$5,000]

[None - \$5,000]]

Payment Percentage

[100% - 50%]

[100% - 50%]

[Maximum Benefit per day

[\$200-Unlimited]

[\$200-Unlimited]

[Hospital's semi-private room rate]

[Hospital's semi-private room rate]

Not Covered

	Aetna Preferred Network Care]	Aetna Non- Preferred Network Care	
<i>While confined in a Residential Treatment Facility:</i>			
Calendar Year Deductible Applies	[yes] [no]	[yes] [no]	
[Inpatient Confinement Copay	[None - \$5,000]	[None - \$5,000]]	
Payment Percentage	[100% - 50%]	[100% - 50%]	
[Maximum Benefit per day	[\$200-Unlimited]	[\$200-Unlimited]	
	[Facility's semi-private room rate]	[Facility's semi-private room rate]	
		[Not covered]	
[Maximum Days per [admission] [calendar year] [12 -24 consecutive month period]	[30-Unlimited]	[30-Unlimited]	Deleted: 15
		[Not covered]	Deleted: 15
<i>Outpatient Services</i>			
Calendar Year Deductible Applies	[yes] [no]	[yes] [no]	
[Physician [Specialist] visit Copay	[None - \$750]	[None - \$1500]]	
Payment Percentage	[100% - 50%]	[100% - 50%]	
		[Not covered]	
<u>As to Substance Abuse:</u>			
<i>Inpatient Facility</i>			
<i>While confined in a Hospital</i>			
[Inpatient Confinement Copay	[None - \$5,000]	[None - \$5,000]]	
Payment Percentage	[100% - 50%]	[100% - 50%]	
[Maximum Benefit per day	[\$200-Unlimited]	[\$200-Unlimited]	
	[Hospital's semi-private room rate]	[Hospital's semi-private room rate]	
		Not Covered	
<i>While confined in a Residential Treatment Facility:</i>			
Calendar Year Deductible Applies	[yes] [no]	[yes] [no]	
[Inpatient Confinement Copay	[None - \$5,000]	[None - \$5,000]]	
Payment Percentage	[100% - 50%]	[100% - 50%]	
[Maximum Benefit per day	[\$200-Unlimited]	[\$200-Unlimited]	
	[Facility's semi-private room rate]	[Facility's semi-private room rate]	
		[Not covered]	

	Aetna Preferred Network Care]	Aetna Non- Preferred Network Care
[Maximum Days per [admission] [calendar year] [12 -24 consecutive month period]	[15-Unlimited]	[15-Unlimited] [Not covered]
<i>Outpatient Services</i>		
Calendar Year Deductible Applies	[yes] [no]	[yes] [no]
[Physician [Specialist] visit Copay	[None - \$750]	[None - \$1500]]
Payment Percentage	[100% - 50%]	[100% - 50%] [Not covered]

SERFF Tracking Number:	AENX-126359334	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	43910
Company Tracking Number:	AH AR0167101F01		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001A Any Size Group - PPO
Product Name:	2009 Behavioral Health		
Project Name/Number:	2009 Behavioral Health/AH AR0167101F01		

Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	11/04/2009
Bypass Reason:	not applicable		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	11/04/2009
Bypass Reason:	Test was applied to sample form and GR-9N et al forms meet Flesch reading ease test, Reading ease test is not applicable to schedule of coverage forms.		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	GR-9N Cover Letter	Approved-Closed	11/04/2009
Comments:	cover letter		
Attachment:	GR-9N Cover Letter.PDF		

		Item Status:	Status
			Date:
Satisfied - Item:	EOV GR-9N 08-065 04, EOV GR-9N 10-086 01, EOV GR-9N 11-172 01, EOV GR-9N 14-186 01, EOV GR-9N 34-065 04, EOV GR-9N S-08-05 04, EOV GR-9N S-10-05 03, EOV GR-9N S-11-05 04, EOV GR-9N S-12 -05 02, EOV GR-9N S-13-05 03, EOV GR-9N S-14-05 04, EOV GR-9N S, ...	Approved-Closed	11/04/2009
Comments:			

<i>SERFF Tracking Number:</i>	<i>AENX-126359334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43910</i>
<i>Company Tracking Number:</i>	<i>AH AR0167101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>2009 Behavioral Health</i>		
<i>Project Name/Number:</i>	<i>2009 Behavioral Health/AH AR0167101F01</i>		

explanation of variable

Attachments:

EOV GR-9N 08-065 04.PDF
EOV GR-9N 10-086 01.PDF
EOV GR-9N 11-172 01.PDF
EOV GR-9N 14-186 01.PDF
EOV GR-9N 34-065 04.PDF
EOV GR-9N S-08-05 04.PDF
EOV GR-9N S-10-05 03.PDF
EOV GR-9N S-11-05 04.PDF
EOV GR-9N S-12 -05 02.PDF
EOV GR-9N S-13-05 03.PDF
EOV GR-9N S-14-05 04.PDF
EOV GR-9N S-14-10 04.PDF
EOV GR-9N S-14-15 04.PDF
EOV GR-9N S-15-05 04.PDF
EOV GR-9N S-15-10 04.PDF
EOV GR-9N S-15-15 04.PDF
EOV GR-9N S-10-62 01.PDF
EOV GR-9N S-11-62 01.PDF
EOV GR-9N S-13-62 01.PDF
EOV GR-9N S-14-62 01.PDF
EOV GR-9N S-15 62 01.PDF
EGR-GR-9 12370.PDF
EGR-GR-9 12369.PDF



John W. Ciesielski
Product & Regulatory Approvals
Law and Regulatory Affairs
151 Farmington Ave, RW61
Hartford, CT 06156
(845) 279-1282
Fax: (860) 952-2065
Email: Ciesielskijw@aetna.com

October 26, 2009

Insurance Commissioner Julie Benafield Bowman
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: Aetna Life Insurance Company
NAIC No. 001-60054
Group Accident & Health Insurance Coverage
Booklet-Certificate Forms: GR-9N 08-065 et al

Dear Commissioner Benafield:

The forms listed above are being submitted for your Department's review and approval on a general use basis. The subject forms are new and do not replace any form(s) previously approved by your Department.

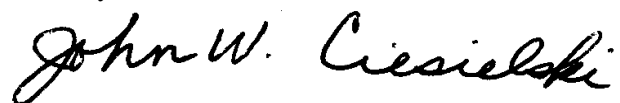
The purpose of this filing is to amend our Booklet-Certificate forms in order to comply with Federal Law ***HR 2851 Wellston and Domenici Mental Health Parity and Addiction Equity Act of 2008***. This law requires that coverage for Mental Disorders and Substance Abuse, when provided by large group and certain small group employers, must minimally be paid on the same basis as any other illness.

Textual variability, as indicated by bracketed material on the forms, is necessary so that only the appropriate benefits, provisions, and language consistent with the plan design selections of the policyholder may be reflected in the plan documents issued to the policyholder. We have included an Explanation of Variability which details the limited ways in which such text may be altered. We assure your Department that any text identified as variable will be changed only in a manner that is (i) compliant with applicable laws and regulations, and (ii) expressly supported by the terms of the Explanation of Variability.

We intend to use the subject GR-9N form segments with Booklet-Certificate form GR-9N that was approved by your Department on [June 23, 2006](#) and in conjunction with wraparound style master policy form GR-29N that was approved by your Department on June 23, 2006. We intend to use the GR-9 insert pages in conjunction with the Wraparound Style Policy form GR-29, approved by your Department on November 17, 1987.

If you have any questions, please feel free to contact me at the phone number, fax number or e-mail address shown above.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski". The signature is written in a cursive style with a large, stylized 'J' and 'C'.

John W. Ciesielski, Manager
Product & Regulatory Approvals

Aetna Life Insurance Company
Explanation of Variability
Services and Supplies Which Require Precertification
GR-9N
08-065
04

Services and Supplies Which Require Precertification

1. Items in the list may be omitted to accurately reflect the policyholder's plan.
2. References to mental disorders and substance abuse may also be changed to include the specific treatment terminology applicable under the plan (e.g. "alcohol and drug abuse", "chemical dependency" or "mental illness").

Aetna Life Insurance Company
Mental Disorders [and] Substance Abuse Services
Explanation of Variability
GR-9N
10-086
01

General Comments

These general comments apply to the entire subsection.

- This form will be included when a policyholder's plan of benefits is subject to the 2008 Federal Mental Health Parity law.
 - References to "Mental Disorders" may be changed to use similar terminology, such as "Mental Illness". They may also be changed to "Behavioral Health Care Benefit", "Mental Health" or any other terminology of similar meaning at the request of the policyholder.
 - References to "Substance Abuse" may be changed to use similar terminology, such as "Chemical Dependency". They may also be changed to "Drug Abuse", "Chemical Addiction" or any other terminology of similar meaning at the request of the policyholder.
 - References to "Precertified" and "Precertification" may be changed to "Preauthorized" and "Preauthorization" respectively.
1. The heading may be adjusted to reflect whether one or both of these benefits apply.
 2. This section may be removed in its entirety if there is no state mandate or mandated offer for this benefit **and** the policyholder does not elect to include this coverage.
 3. This item may be omitted.
 4. The heading and the following paragraph will be removed if the policyholder's plan design does not include treatment for partial confinements.
 5. Any of the items shown within the first bracket may be removed provided that coverage is not provided for that care or treatment under policyholder's plan.
 6. The number of hours may be increased.

Aetna Life Insurance Company
Treatment of Mental Disorders and Substance Abuse
Explanation of Variability
GR-9N
11-172
01

General Comments

- This form will be included when a policyholder's plan design include coverage for Mental Disorders and/or Substance Abuse in accordance with the provisions of the 2008 Federal Mental Parity law.
 - References to "Mental Disorders" may be changed to "Mental Illness", "Mental Health" or any other term of similar meaning.
 - References to "Substance Abuse" may be changed to "Chemical Dependency", "Drug Abuse" or any other term of similar meaning.
 - References to "Precertified" and "Precertification" may be changed to "Preauthorized" and "Preauthorization" respectively.
1. The heading may be adjusted to reflect whether one or both of these benefits apply.
 2. This section may be removed in its entirety if there is no state mandate or mandated offer for this benefit **and** the policyholder does not elect to include this coverage.
 3. This item may be omitted.
 4. The heading and the following paragraph will be removed if the policyholder's plan design does not include treatment for partial confinements.
 5. Any of the items shown within the first bracket may be removed provided that coverage is not provided for that care or treatment under policyholder's plan.
 6. The number of hours may be increased.

Aetna Life Insurance Company
Treatment of Mental Disorders and Substance Abuse
Explanation of Variability
GR-9N
14-186
01

General Comments

- This form will be included when a policyholder's plan design include coverage for Mental Disorders and/or Substance Abuse in accordance with the provisions of the 2008 Federal Mental Parity law.
 - References to "Mental Disorders" may be changed to "Mental Illness", "Mental Health" or any other term of similar meaning.
 - References to "Substance Abuse" may be changed to "Chemical Dependency", "Drug Abuse" or any other term of similar meaning.
 - References to "Precertified" and "Precertification" may be changed to "Preauthorized" and "Preauthorization" respectively.
1. The heading may be adjusted to reflect whether one or both of these benefits apply.
 2. This section may be removed in its entirety if there is no state mandate or mandated offer for this benefit **and** the policyholder does not elect to include this coverage.
 3. This item may be omitted.
 4. The heading and the following paragraph will be removed if the policyholder's plan design does not include treatment for partial confinements.
 5. Any of the items shown within the first bracket may be removed provided that coverage is not provided for that care or treatment under policyholder's plan.
 6. The number of hours may be increased.

Aetna Life Insurance Company
Glossary
Explanation of Variability
GR-9N
34-065
04

Glossary Letter ‘M’

General

The defined term will be included as appropriate to the policyholder’s plan of benefits.

1. This sentence may be omitted.
2. The appropriate cost sharing term will be included.
3. Upon issue, only one of the bracketed sentences will be included.
4. One or more items in this list may be omitted.
5. The appropriate term will be included.
6. “Mental Disorder” may be changed to “Mental Illness” or any other term of similar meaning. In addition, “or organic” may be omitted.
7. This definition will appear for other than Limited, Major or Comprehensive Medical Expense Insurance.
8. This definition will appear for Limited, Major or Comprehensive Medical Expense Insurance.
9. One or more items in this list may be omitted.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-08-05
04

Numbered Reference Items

1. Either the 'Medical' or 'Hospital-Surgical' term will be included according to the policyholder's selected plan.

Physician's Services (While you are Totally Disabled)

2. This item may be omitted. If included the following will apply:

The section will be completed pursuant to the requirements of state law and if not contrary to the requirements of state law, the policyholder's plan design. For any components included:

- The maximum(s) may be omitted. If included, the maximum will reflect the amount selected by the policyholder within the ranges shown.
- The waiting periods may be omitted. If included, each will reflect the number of days selected by the policyholder, within the ranges shown.

Physicians Services (While you are not Totally Disabled)

3. This item may be omitted. If included the following will apply:

The section will be completed pursuant to the requirements of state law and if not contrary to the requirements of state law, the policyholder's plan design. For any components included:

- The maximum(s) may be omitted. If included, the maximum will reflect the amount selected by the policyholder within the ranges shown. Treatment may be obtained in either a physician's office or in a hospital.
- The waiting periods may be omitted. If included, each will reflect the number of days selected by the policyholder, within the ranges shown.

Physicians Services (In-Hospital)

4. This item may be omitted. If included the following will apply:

The section will be completed pursuant to the requirements of state law and if not contrary to the requirements of state law, the policyholder's plan design. For any components included:

- The Maximum Period of Payment may be omitted. If included, the maximum will reflect the amount selected by the policyholder within the range shown.
- The daily and total maximums may be omitted. If included, the maximums will reflect the amount selected by the policyholder, within the ranges shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-08-05
04

Physicians Medical Services

5. This item may be omitted. If included the following will apply: The medical maximum may be omitted. If included, the maximum will reflect the amount selected by the policyholder, within the range shown.

Spinal Disorder Treatment Services

6. This item may be omitted. If included the following will apply: The maximum may be omitted. If included, the maximum will reflect the amount selected by the policyholder, within the range shown.

Surgical Services

7. This item may be omitted. If included the following will apply: The maximum may be omitted. If included, the maximum will reflect the amount selected by the policyholder, within the range shown.
8. This item will be included when the policyholder elects to provide surgical services based on the 'K' schedule shown in the Booklet-Certificate. When included, the dollar factor utilized to calculate the Surgical Benefits maximum may be increased.

Anesthesia Services

9. This item will be included only when the policyholder elects to provide surgical services based on the 'K' schedule shown in the booklet-certificate. The percentage will be within the range shown.

Surgical Services/Surgical Assistance Services/Anesthesia Services

10. (a) This item may be omitted. It will be included when the policyholder elects to provide surgical services based on the California Relative Value ('CRV') schedule shown in the booklet-certificate. The plan may include Surgical Services only or Surgical Services and either of the other types of services identified or Surgical, Surgical Assistance, and Anesthesia Services. The maximums for each type of service will be within the ranges shown.
- (b) This item may be omitted. When included, the dollar factors and percentages used to calculate the maximums may be increased, but will be within the ranges shown.

Hospital Services

11. This item may be omitted. If included, the section will be completed pursuant to the requirements of state law and if not contrary to the requirements of state law, the policyholder's plan design.
 - Hospital Deductible – The maximum may be omitted. If included, the maximum will reflect the amount selected by the policyholder within the range shown. The maximum number of days may be omitted. If included, the maximum will reflect the amount selected by the policyholder, within the ranges shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-08-05
04

- Room and Board – The daily and/or total maximums may be omitted. If included, the maximums will reflect the amount selected by the policyholder, within the ranges shown.
- The Additional Inpatient Services Maximum may be omitted. If included, the maximum will reflect the amount selected by the policyholder, within the ranges shown.

Skilled Nursing Facility Services

12. This item may be omitted. If included, the maximum number of days and the daily maximum will reflect the amounts selected by the policyholder, within the ranges shown.

Hospice Inpatient Services

13. This item may be omitted. If included, the maximum number of days will reflect the number selected by the policyholder, within the range shown.

Wellness Services

14. This item may be omitted. If included, the maximum will reflect the amount selected by the policyholder, within the range shown.

Diagnostic Testing Services

15. This item may be omitted.
- (a) If included, the maximum will reflect the amount selected by the policyholder, within the range shown.
 - (b) This will be included when the policyholder elects a Diagnostic Testing Services benefit that is based on a schedule of examinations that is shown in the Booklet-Certificate. When included, the dollar factor will be within the range shown.

X-Ray and Radioactive Therapy Services

16. This item may be omitted.
- (a) If included, the maximum will reflect the amount selected by the policyholder within the range shown.
 - (b) This will be included when the policyholder elects a schedule of treatments that is based on a schedule of examinations as shown in the Booklet-Certificate. When included, the dollar factor will be within the range shown.

Mental Health Services

Note: This section will included when the policyholder's plan is **not** subject to the requirements of the 2008 Federal Mental Health Parity law.

17. All Mental Health services may be omitted pursuant to state law and the requirements of the policyholder's plan design. If included, the maximum number of treatment sessions will reflect the policyholder's plan design, within the ranges shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-08-05
04

Mental Disorders and/or Substance Abuse Services

Note: This section will be included when the policyholder's plan design includes coverage for mental disorders and/or substance abuse in accordance with the 2008 Federal Mental Health Parity law.

18. Mandated state benefits and time frames will be included only to the extent that they will improve a covered person's coverage under these benefits (e.g., lower deductible, higher maximums, etc.).

An inpatient deductible may apply to a hospital confinement if elected by the policyholder. The amount of the deductible may vary within the range provided.

The maximum number of days, any daily maximums and/or any total maximums may apply if elected by the policyholder. The amount for each may vary within the ranges provided.

Ambulance Services

19. This item may be omitted. If included, the per trip and total maximums will reflect the policyholder's plan design, within the ranges shown.

Supplementary Accident Services

20. This item may be omitted. If included, the maximum will reflect the policyholder's plan design, within the range shown.

Second Surgical Opinion Services

21. This item may be omitted. If included, the maximum Excluded Amount will reflect the policyholder's plan design within the range shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-10-05
03

General Comments:

- References to “Mental Disorders” and “Substance Abuse” may be changed to terms of similar meaning (e.g. “Mental Illness”, “Mental Health”, “Alcoholism and Drug Abuse”, etc.) at the request of the policyholder.
- “Calendar” year may be changed to “plan year” or “policy year”.
- References to “Individual Deductible” may be changed to “Single Person Deductible”.
- “Precertification” may be changed to “preauthorization”.
- References to “Plan” within each of the copayment, deductible or maximums will only appear when those that apply to Mental Disorders and/or Substance Abuse are separate from the remainder of the medical plan.

Plan Features

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.

2. **Calendar Year Deductible**

This item will be included when the plan has a calendar year deductible and may be omitted if a calendar year deductible is not applicable to the policyholder’s plan.

The Calendar Year Deductible amount may apply as an overall deductible. This deductible may be shown as:

- a. A combined network and out-of-network deductible; or
- b. A separate deductible for network and out-of-network benefits; or
- c. An out-of-network deductible only.

If b. above is included, the network deductible will never be greater than the out-of-network deductible.

The specific amount will vary within the ranges shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-10-05
03

3. Individual Deductible

This item may be included or omitted as applicable to the policyholder's plan. It will be included when the plan contains an individual only or Individual and family deductibles. The deductibles may apply on a calendar year basis and may be shown as:

- a. A combined network and out-of-network deductible; or
- b. A separate deductible for network and out-of-network benefits; or
- c. An out-of-network deductible only.

If b. above is included, the network deductible will never be greater than the out-of-network deductible.

The amount of the individual deductible may be a flat amount or it may be a percentage of each employee's annual salary or wage. The specific amount or percentage will vary within the ranges shown.

4. Family Deductible

This item will be included when the plan includes a family deductible feature. The deductible may apply on a calendar year basis and may be shown as:

- a. A combined network and out-of-network deductible; or
- b. A separate deductible for network and out-of-network benefits; or
- c. An out-of-network deductible only.

The amount of the family deductible will vary within the ranges shown.

The family deductible limit may be a flat amount that will vary within the range provided, or it may be two or three times the individual deductible. The specific amount or percentage will vary within the ranges shown.

5. Per Admission Copayment

The per admission copayment will appear in this section when the same per admission copayment applies to all inpatient facility admissions. If included, it may be applied only to in-network expenses, and it will reflect the amount and period duration selected by the policyholder within the ranges shown.

If a per admission copayment applies only to a specific inpatient service, or the per admission copayment amount or application varies between facility types, the per admission copay information will appear in the Schedule of Benefits under each particular facility type impacted and this item will be omitted. The term "copayment" is used for network benefits and the term deductible is used for out-of-network benefits.

The Per Admission Copayment feature will be omitted when it is not included in the policyholder's plan design.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-10-05
03

6. **Per Admission Deductible**

The per admission deductible will appear in this section when the same per admission deductible applies to all inpatient facility admissions. If included, it may be applied only to out-of-network expenses, and it will reflect the amount and period duration selected by the policyholder within the ranges shown.

If a per admission deductible applies only to specific inpatient services, or the per admission deductible amount or application varies between facility types, the deductible amount information will appear in the Schedule of Benefits under each particular facility type impacted and this item will be omitted.

The Per Admission Deductible feature will be omitted when it is not included in the policyholder's plan design.

The per admission deductible may apply after the calendar year deductible.

7. **Deductible Waiver**

A specific dollar amount of the deductible may be waived for the entire plan of benefits, a specific set of benefits or a specific benefit. Deductible waiver amount language will appear on this page when the calendar year deductible amount is waived for the entire plan or a specific set of benefits. The specific list of benefits can be found in the Expense Insurance Provisions Section of this Schedule of Benefits. The amount of the deductible waiver will vary within the ranges shown.

When the deductible waiver applies to a specific benefit, this language will appear in this schedule under the covered expense impacted and this language will be omitted.

The deductible waiver provision may be combined with the coinsurance or the copayment option.

8. **First Dollar Benefit**

The First Dollar Benefit permits the covered person to obtain certain services with no out-of-pocket expenses up to a certain dollar limit. The First Dollar Benefit may be applied on a benefit by benefit basis, apply to the entire plan, or only to a specific list of services. An individual or an individual and family benefit may be selected.

The amounts will vary within the ranges shown. The deductible waiver provision may be combined with the coinsurance or the copayment option.

9. **Common Accident Deductible**

The Common Accident Deductible Limit may be omitted if it is not included in the policyholder's plan design. If included, it may apply to in-network expenses, out of network expenses, or both. The amounts will vary within the ranges shown based upon the policyholder's election.

10. **Separate Accident Benefit**

This item may be included or omitted in a plan design as an option for the policyholder. If requested by the policyholder, a calendar year maximum may apply. The amount of the maximum may vary within the range shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-10-05
03

11. **Coinsurance, Payment or Out-of-Pocket Limit**

This section may be included or omitted. If included, it may apply to in-network expenses only or out of network expenses only. It may apply to both in-network and out-of-network expenses combined. The in-network and out-of-network limits may have different limit amounts. It may reflect an individual limit only, or both an individual and a family limit. The amounts may vary within the ranges shown.

The list of expenses which may not count toward the coinsurance limit may be omitted or varied and are reflected in section S-9 of the Schedule of Benefits.

12. **Transplant Coinsurance/Out-of-Pocket/Payment Limit**

This section may be included or omitted. If included, the limit may apply to all expenses or only certain expenses. Coverage may be limited to care provided only at network Institutes of Excellence facilities, or may include other facilities. The section may be varied within the parameters shown to reflect the policyholder's plan design. The transplant coinsurance/out-of-pocket limit may be separate from the overall plan Coinsurance Limit. Expenses for transplants may be integrated or not integrated into the overall plan coinsurance/out-of-pocket limit.

A transplant occurrence is defined in the *What the Plan Covers* section of the Certificate. A transplant occurrence begins with the transplant evaluation and ends after post surgery treatment is deemed successful. An occurrence can extend up to 18 months or more.

13. **Calendar Year Maximum Benefit**

This item may be included or omitted. If included, it may apply to in-network expenses, out-of-network expenses, or both. The amount will be completed to reflect the calendar year maximum selected by the policyholder. The calendar year maximum may apply to all expenses or only to certain expenses. The amount of the maximum benefit may vary within the ranges shown.

14. **Lifetime Maximum Benefit**

This provision may be included or omitted. If included, it may apply to in-network expenses, out-of-network expenses, or both. It will be completed to reflect the maximum selected by the policyholder. The maximum may apply to all expenses or only to certain expenses. The amount of the maximum benefit may vary within the ranges shown.

15. **Lifetime Maximum Benefit Automatic Yearly Restoration**

This provision may be included or omitted. If included, the amount may vary within the ranges shown as determined by the policyholder.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-11-05
04

General Comments

- References to “Mental Disorders” and “Substance Abuse” may be changed to terms of similar meaning (e.g. “Mental Illness”, “Mental Health”, “Alcoholism and Drug Abuse”, etc.) at the request of the policyholder.
- “Calendar” year may be changed to “plan year” or “policy year”.
- References to “Individual Deductible” may be changed to “Single Person Deductible”.
- “Precertification” may be changed to “preauthorization”.
- References to “Plan” within each of the copayment, deductible or maximums will only appear when those that apply to Mental Disorders and/or Substance Abuse are separate from the remainder of the medical plan.

Plan Features

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.

2. **Calendar Year Deductible**

This item will be included when the plan has a calendar year deductible and may be omitted if a calendar year deductible is not applicable to the policyholder’s plan.

The Calendar Year Deductible amount may apply as an overall deductible. This deductible may be shown as:

- a. A combined network and out-of-network deductible; or
- b. A separate deductible for network and out-of-network benefits; or
- c. An out-of-network deductible only.

If b. above is included, the network deductible will never be greater than the out-of-network deductible.

The specific amount will vary within the ranges shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-11-05
04

3. **Individual Deductible**

This item may be included or omitted as applicable to the policyholder's plan. It will be included when the plan contains an Individual only or Individual and family deductibles. The deductibles may apply on a calendar year basis and may be shown as:

- a. A combined in-network and out-of-network deductible; or
- b. A separate deductible for in-network and out-of-network benefits; or
- c. An out-of-network deductible only.

If b. above is included, the network deductible will never be greater than the out-of-network deductible.

The amount of the individual deductible may be a flat amount or it may be a percentage of each employee's annual salary or wage. The specific amount or percentage will vary within the ranges shown.

4. **Family Deductible**

This item will be included when the plan includes a family deductible feature. The Deductible may apply on a calendar year basis and may be shown as:

- a. A combined in-network and out-of-network deductible; or
- b. A separate deductible for in-network and out-of-network benefits; or
- c. An out-of-network deductible only.

The amount of the family deductible will vary within the ranges shown.

The family deductible limit may be a flat amount that will vary within the range provided, or it may be two or three times the individual deductible. The specific amount or percentage will vary within the ranges shown.

5. **Per Admission Copayment**

The per admission copayment will appear in this section when the same per admission copayment applies to all inpatient facility admissions. If included, it will be applied only to in-network expenses, and it will reflect the amount and period duration selected by the policyholder within the ranges shown.

If a per admission copayment applies only to a specific inpatient service, or the per admission copayment amount or application varies between facility types, the per admission copay information will appear in the Schedule of Benefits under each particular facility type impacted and this item will be omitted.

The Per Admission Copayment feature will be omitted when it is not included in the not part of the policyholder's plan design.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-11-05
04

6. **Per Admission Deductible**

The per admission deductible will appear in this section when the same per admission deductible applies to all inpatient facility admissions. If included, it may be applied only to out-of-network expenses, and it will reflect the amount and period duration selected by the policyholder within the ranges shown.

If a per admission deductible applies only to specific inpatient services, or the per admission deductible amount or application varies between facility types, the deductible amount information will appear in the Schedule of Benefits under each particular facility type impacted and this item will be omitted.

The Per Admission Deductible feature will be omitted when it is not included in the policyholder's plan design.

The per admission deductible may apply after the calendar year deductible.

7. **Deductible Waiver**

A specific dollar amount of the deductible may be waived for the entire plan of benefits, a specific set of benefits or a specific benefit. Deductible waiver amount language will appear on this page when the calendar year deductible amount is waived for the entire plan or a specific set of benefits, or when the waived amount applies to a specific set of benefits. The specific list of benefits can be found in the Expense Insurance Provisions Section of this Schedule of Benefits.. The amount of the deductible waiver will vary within the ranges shown.

When the deductible waiver applies to a specific benefit, this language will appear in this Schedule under the covered expense impacted and this language will be omitted.

The deductible waiver provision may be combined with the coinsurance or the copayment option.

8. **First Dollar Benefit**

The first dollar benefit permits the covered person to obtain certain services with no out-of-pocket expenses up to a certain dollar limit. The First Dollar Benefit may be applied on a benefit by benefit basis, apply to the entire plan, or only to a specific list of services. An individual or an individual and family benefit may be selected.

The amounts will vary within the ranges shown. The deductible waiver provision may be combined with the coinsurance or the copayment option.

9. **Common Accident Deductible**

The common accident deductible limit may be omitted if it is not included in the policyholder's plan design. If included it may apply to in-network expenses, out-of-network expenses, or both. The amounts will vary within the ranges shown based upon the policyholder's election.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-11-05
04

10. Separate Accident Benefit

This item may be omitted in a plan design as an option for the policyholder. If requested by the policyholder, a calendar year maximum may apply. The amount of the maximum may vary within the range shown.

11. Coinsurance, Payment or Out-of-Pocket Limit

This section may be included or omitted. If included, it may apply to in-network expenses only or out-of-network expenses only. It may apply to both in-network and out-of-network expenses combined. The in-network and out-of-network limits may have different limit amounts. It may reflect an individual limit only, or both an individual and a family limit. The amounts may vary within the ranges shown.

The list of expenses which may not count toward the coinsurance limit may be omitted or varied and are reflected in section S-9 of the Schedule of Benefits.

12. Transplant Coinsurance/Out-of-Pocket Payment Limit

This section may be omitted. If included, the limit may apply to all expenses or only certain expenses. Coverage may be limited to care provided only at network Institutes of Excellence facilities, or may include other facilities. The section may be varied within the parameters shown to reflect the policyholder's plan design. The transplant coinsurance/out-of-pocket limit may be separate from the overall plan coinsurance limit. Expenses for transplants may be integrated or not integrated into the overall plan coinsurance/out-of-pocket limit.

A transplant occurrence is defined in the *What the Plan Covers* section of the Certificate. A transplant occurrence begins with the transplant evaluation and ends after post surgery treatment is deemed successful. An occurrence can extend up to 18 months or more.

13. Calendar Year Maximum Benefit

This item may be omitted. If included, it may apply to in-network expenses, out-of-network expenses, or both. The amount will be completed to reflect the calendar year maximum selected by the policyholder. The Calendar Year Maximum may apply to all expenses or only to certain expenses. The amount of the maximum benefit may vary within the ranges shown.

14. Lifetime Maximum Benefit

This provision may be included or omitted. If included, it may apply to in-network expenses, out-of-network expenses, or both. It will be completed to reflect the maximum selected by the policyholder. The maximum may apply to all expenses or only to certain expenses. The amount of the maximum benefit may vary within the ranges shown.

15. Lifetime Maximum Benefit Automatic Yearly Restoration

This provision may be included or omitted. If included, the amount may vary within the ranges shown as determined by the policyholder.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-12-05
02

General Comments:

- References to “Mental Disorders” and “Substance Abuse” may be changed to terms of similar meaning (e.g. “Mental Illness”, “Mental Health”, “Alcoholism and Drug Abuse”, etc.) at the request of the policyholder.
- “Calendar” year may be changed to “plan year” or “policy year”.
- References to “Individual Deductible” may be changed to “Single Person Deductible”.
- “Precertification” may be changed to “preauthorization”.
- References to “Plan” within each of the copayment, deductible or maximums will only appear when those that apply to Mental Disorders and/or Substance Abuse are separate from the remainder of the medical plan.

Plan Features

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.

2. **Calendar Year Deductible**

This item will be included when the plan has a calendar year deductible and may be omitted if a calendar year deductible is not applicable to the policyholder’s plan.

The Calendar Year Deductible amount may apply as an overall plan deductible.

3. **Individual Deductible**

This item may be included or omitted as applicable to the policyholder’s plan. It will be included when the plan contains an Individual only or Individual and family deductibles.

The amount of the individual deductible may be a flat amount or it may be a percentage of each employee’s annual salary or wage. The specific amount or percentage will vary within the ranges shown.

4. **Family Deductible**

This item will be included when the plan includes a family deductible feature. The deductible may apply on a calendar year basis.

The amount of the family deductible will vary within the ranges shown.

The family deductible limit may be a flat amount that will vary within the range provided, or it may be two or three times the individual deductible. The specific amount or percentage will vary within the ranges shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-12-05
02

5. **Per Admission Copayment**

The per admission copayment will appear in this section when the same per admission copayment applies to all inpatient facility admissions. If included, it may be applied only to in-network expenses, and it will reflect the amount and period duration selected by the policyholder within the ranges shown.

If a per admission copayment applies only to a specific inpatient service, or the per admission copayment amount or application varies between facility types, the per admission copay information will appear in the Schedule of Benefits under each particular facility type impacted and this item will be omitted.

The Per Admission Copayment feature will be omitted when it is not included in the policyholder's plan design.

6. **Deductible Waiver**

A specific dollar amount of the deductible may be waived for the entire plan of benefits, a specific set of benefits or a specific benefit. Deductible waiver amount language will appear on this page when the calendar year deductible amount is waived for the entire plan or a specific set of benefits, or when the waived amount applies to a specific set of benefits. The specific list of benefits can be found in the Expense Insurance Provisions section of this Schedule of Benefits. The amount of the deductible waiver will vary within the ranges shown.

When the deductible waiver applies to a specific benefit, this language will appear in this Schedule under the covered expense impacted and this language will be omitted.

The deductible waiver provision may be combined with the coinsurance or the copayment option.

7. **First Dollar Benefit**

The First Dollar Benefit permits the covered person to obtain certain services with no out-of-pocket expenses up to a certain dollar limit. The First Dollar Benefit may be applied on a benefit by benefit basis, apply to the entire plan, or only to a specific list of services. An individual or an individual and family benefit may be selected.

The amounts will vary within the ranges shown. The deductible waiver provision may be combined with the coinsurance or the copayment option.

8. **Common Accident Deductible**

The Common Accident Deductible Limit may be omitted if it is not included in the policyholder's plan design.

9. **Separate Accident Benefit**

This item may be included or omitted in a plan design as an option for the policyholder. If requested by the policyholder, a calendar year maximum may apply. The amount of the maximum may vary within the range shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-12-05
02

10. Coinsurance, Payment or Out-of-Pocket Limit

This section may be included or omitted. It may reflect an individual limit only, or both an individual and a family limit. The list of expenses which may not count toward the coinsurance limit may be omitted or varied and are reflected in section S- 9 of the Schedule of Benefits.

11. Transplant Coinsurance/Out-of-Pocket/Payment Limit

This section may be included or omitted. If included, the limit may apply to all expenses or only certain expenses. Coverage may be limited to care provided only at network Institutes of Excellence facilities, or may include other facilities. The section may be varied within the parameters shown to reflect the policyholder's plan design. The transplant coinsurance/out-of-pocket limit may be separate from the overall plan Coinsurance Limit. Expenses for transplants may be integrated or not integrated into the overall plan coinsurance limit.

A transplant occurrence is defined in the *What the Plan Covers* section of the Certificate. A transplant occurrence begins with the transplant evaluation and ends after post surgery treatment is deemed successful. An occurrence can extend up to 18 months or more.

12. Calendar Year Maximum Benefit

This item may be included or omitted. The amount will be completed to reflect the calendar year maximum selected by the policyholder. The calendar year maximum may apply to all expenses or only to certain expenses. The amount of the maximum benefit may vary within the ranges shown.

13. Lifetime Maximum Benefit

This provision may be included or omitted. It will be completed to reflect the maximum selected by the policyholder. The maximum may apply to all expenses or only to certain expenses. The amount of the maximum benefit may vary within the ranges shown.

14. Lifetime Maximum Benefit Automatic Yearly Restoration

This provision may be included or omitted. If included, the amount may vary within the ranges shown as determined by the policyholder.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-13-05
03

General Comments

- Schedule of Benefits S-13 will be included when the policyholder's purchases an insured Comprehensive Major Medical Expense plan. The plan may be a Major Comprehensive Medical Expense plan or a Limited Comprehensive Medical Expense plan.
- The term "Limited" will be included when the Comprehensive or Major Medical Expense coverage provided contains limited benefit maximums for the overall plan or limited maximums under specific individual benefits. The term "limited" will be omitted when the policyholder purchases Aetna standard plans with a higher overall plan maximum and higher benefit maximums or a higher overall plan maximum.
- References to "Mental Disorders" and "Substance Abuse" may be changed to terms of similar meaning (e.g. "Mental Illness", "Mental Health", "Alcoholism and Drug Abuse", etc.) at the request of the policyholder.
- "Calendar" year may be changed to "plan year" or "policy year".
- References to "Individual Deductible" may be changed to "Single Person Deductible".
- "Precertification" may be changed to "preauthorization".
- References to "Plan" within each of the copayment, deductible or maximums will only appear when those that apply to Mental Disorders and/or Substance Abuse are separate from the remainder of the medical plan.

Plan Features

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.

2. **Calendar Year Deductible**

This item will be included when the plan has a calendar year deductible and may be omitted if a calendar year deductible is not applicable to the policyholder's plan

The Calendar Year Deductible amount may apply as an overall deductible. The specific amount will be included within the ranges shown.

3. **Individual Deductible**

This item may be included or omitted as applicable to the policyholder's plan. It will be included when the plan contains an Individual only or Individual and family deductibles. The deductibles may apply on a calendar year basis.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-13-05
03

The amount of the individual deductible may be a flat amount or it may be a percentage of each employee's annual salary or wage. The specific amount or percentage will vary within the ranges shown.

4. Family Deductible

This item will be included when the plan includes a family deductible feature. The Deductible may apply on a calendar year basis.

The family deductible limit may be a flat amount that will vary within the range provided, or it may be two or three times the individual deductible. The specific amount or percentage will vary within the ranges shown.

5. Per Admission Deductible

The per admission deductible will appear in this section when the same per admission deductible applies to all inpatient facility admissions. If included, it will reflect the amount and period duration selected by the policyholder within the ranges shown.

If a per admission deductible applies only to specific inpatient services, or the per admission deductible amount or application may vary between facility types, the deductible amount information will appear in the Schedule of Benefits under each particular facility type impacted and this item will be omitted.

The Per Admission Deductible feature will be omitted when it is not included in the policyholder's plan design.

The Per Admission Deductible may apply after the Calendar Year Deductible.

6. Deductible Waiver

A specific dollar amount of the deductible may be waived for the entire plan of benefits, a specific set of benefits or a specific benefit. Deductible waiver amount language will appear on this page when the calendar year deductible amount is waived for the entire plan or a specific set of benefits, or when the waived amount applies to a specific set of benefits. The specific list of benefits can be found in the Expense Insurance Provisions Section of this Schedule of Benefits. When the deductible waiver applies to a specific benefit, this language will appear in this schedule under the covered expense impacted and this language will be omitted. The amount of the deductible waiver will vary within the ranges shown.

7. First Dollar Benefit

The First Dollar Benefit permits the covered person to obtain certain services with no out-of-pocket expenses up to a certain dollar limit. The First Dollar Benefit may be applied on a benefit by benefit basis, apply to the entire plan, or only to a specific list of services. An individual or an individual and family benefit may be selected. The amounts will vary within the ranges shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-13-05
03

8. **Common Accident Deductible**

The Common Accident Deductible Limit may be omitted if it is not included in the policyholder's plan design. The amounts will vary within the ranges shown based upon the policyholder's election.

9 **Separate Accident Benefit**

This item may be included or omitted in a plan design as an option for the policyholder. If requested by the policyholder, a calendar year maximum may apply. The amount of the maximum may vary within the range shown.

10 **Coinsurance, Payment or Out-of-Pocket Limit**

This section may be included or omitted. If included, it may reflect an individual limit only, or both an individual and a family limit. The amounts may vary within the ranges shown.

The list of expenses which may not count toward the coinsurance limit may be omitted or varied and are reflected in section S- 9 of the Schedule of Benefits.

11. **Calendar Year Maximum Benefit**

This item may be included or omitted. The amount will be completed to reflect the calendar year maximum selected by the policyholder. The Calendar Year Maximum may apply to all expenses or only to certain expenses. The amount of the maximum benefit may vary within the ranges shown.

12. **Lifetime Maximum Benefit**

This provision may be included or omitted. It will be completed to reflect the maximum selected by the policyholder. The maximum may apply to all expenses or only to certain expenses. The amount of the maximum benefit may vary within the ranges shown.

13. **Lifetime Maximum Benefit Automatic Yearly Restoration**

This provision may be included or omitted. If included, the amount may vary within the ranges shown as determined by the policyholder.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-14-05
04

General Comments

The reference to "Outpatient Only" in the Title will be included when coverage under the plan is limited to outpatient expenses. It will be omitted when the plan includes coverage for inpatient and outpatient expenses.

The reference to "Accident Only" in the Title will be included when coverage under the plan is limited to accident expenses. It will be omitted when the plan includes coverage for accident and sickness expenses.

The reference to "to outpatient expenses" will be included when coverage under the plan is limited to outpatient expenses. It will be omitted when the plan includes coverage for inpatient and outpatient expenses. References to inpatient facility expenses will be deleted accordingly from the documents if a policyholder's plan is an outpatient only medical plan.

The reference to "to accident expenses" will be included when coverage under the plan is limited to accident expenses. It will be omitted when the plan includes coverage for accident and sickness expenses. The terms "illness" and/or "disease" will be deleted accordingly from the documents if a policyholder's plan is an accident only medical plan.

References to "Mental Disorders" and "Substance Abuse" may be changed to terms of similar meaning (e.g. "Mental Illness", "Mental Health", "Alcoholism and Drug Abuse", etc.) at the request of the policyholder.

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.
2. ***Calendar Year Deductibles:***
These items will be included when the plan has overall plan calendar year deductibles and may be omitted if not applicable to the policyholder's plan. When the "Calendar Year Deductible" is included in a policyholder's plan of benefit then the "Inpatient Calendar Year Deductible" and the "Outpatient Calendar Year Deductible" will not apply and vice versa. The amounts will vary within the stated ranges.

Inpatient Calendar Year Deductible: This item will be included when a policyholder's plan includes an Accident Calendar Year Deductible with the Inpatient Calendar Year Deductible. Accident related expenses applied to the inpatient deductible may also be used to draw down the accident deductible.

3. ***Family Deductibles:*** These items will be included when the plan includes family deductible features. The amounts will vary within the stated ranges.
4. ***Hospital Emergency Room Calendar Year Deductible:*** This item will be included when the plan includes such a feature. It applies per covered person. The amounts will vary within the stated ranges.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-14-05
04

5. ***Accident Calendar Year Deductible:*** This item will be included when the plan includes such a feature. It applies per covered person. The amounts will vary within the stated ranges. The bracketed statement will be included when a policyholder's plan also includes an Accident Calendar Year Deductible. Accident related expenses applied to the inpatient deductible may also be used to draw down the accident deductible.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-14-10
04

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.
2. ***Calendar Year and Monthly Maximum Benefits:*** A “Monthly Maximum Benefit” may apply to only outpatient prescription drug expenses. The section heading will be revised according to the policyholder’s plan of benefits. The amounts will vary within the stated ranges. These items may be included or omitted. The type of maximum will vary by the type of plan.
 - The calendar year maximum reserve for outpatient expenses may be omitted.
 - When the “Calendar Year Maximum Benefit” is included in a policyholder’s plan of benefits they may also include the Supplemental Calendar Year Maximum Benefit.
 - When the “Calendar Year Maximum Benefit” is included in a policyholder’s plan of benefits then the “Inpatient Calendar Year Maximum Benefit” and the “Outpatient Calendar Year Maximum Benefit” will not apply and vice versa.
 - The Calendar Year Maximum Benefits may apply to all expenses or only to certain expenses.
 - The paragraph regarding “additional benefit” will be included when the plan includes such coverage.

Plan options permit outpatient prescription drug expenses to reduce the “Outpatient Prescription Drug Calendar Year Maximum” *or* “Outpatient Prescription Drug Monthly Maximum”. Expenses may also reduce the “Calendar Year Maximum Benefit” *or* the “Outpatient Calendar Year Maximum Benefit” in accordance with the policyholder’s plan of benefits.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-14-15
04

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.
2. ***Lifetime Maximum Benefits:***
These items may be included or omitted. The type of maximum will vary by the type of plan and whether or not a covered person is eligible for Medicare. The Lifetime Maximum Benefits may apply to all expenses or only to certain expenses. The amounts will vary within the stated ranges.
3. ***Lifetime Maximum Benefit Automatic Yearly Restoration:*** This provision may be included or omitted. If included, the amount may be varied to reflect the amount under the policyholder's plan. The amounts will vary within the stated ranges.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-15-05
04

General Comments

The reference to "Outpatient Only" in the Title will be included when coverage under the plan is limited to outpatient expenses. It will be omitted when the plan includes coverage for inpatient and outpatient expenses.

The reference to "Accident Only" in the Title will be included when coverage under the plan is limited to accident expenses. It will be omitted when the plan includes coverage for accident and sickness expenses.

The reference to "to outpatient expenses" will be included when coverage under the plan is limited to outpatient expenses. It will be omitted when the plan includes coverage for inpatient and outpatient expenses. References to inpatient facility expenses will be deleted accordingly from the documents if a policyholder's plan is an outpatient only medical plan.

The reference to "to accident expenses" will be included when coverage under the plan is limited to accident expenses. It will be omitted when the plan includes coverage for accident and sickness expenses. The terms "illness" and/or "disease" will be deleted accordingly from the documents if a policyholder's plan is an accident only medical plan.

References to "Mental Disorders" and "Substance Abuse" may be changed to terms of similar meaning (e.g. "Mental Illness", "Mental Health", "Alcoholism and Drug Abuse", etc.) at the request of the policyholder.

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.

1. ***Calendar Year Deductibles:***

These items will be included when the plan has overall plan calendar year deductibles and may be omitted if not applicable to the policyholder's plan. When the "Calendar Year Deductible" is included in a policyholder's plan of benefit then the "Inpatient Calendar Year Deductible" and the "Outpatient Calendar Year Deductible" will not apply and vice versa. The amounts will vary within the stated ranges.

Inpatient Calendar Year Deductible: This item will be included when a policyholder's plan includes an Accident Calendar Year Deductible with the Inpatient Calendar Year Deductible. Accident related expenses applied to the inpatient deductible may also be used to draw down the accident deductible.

The Calendar Year Deductible amounts may apply as overall plan deductibles for in-network and out-of-network benefits combined, or there may be separate calendar year deductibles for in-network and out-of-network benefits. The in-network calendar year deductibles will be less than or equal to the out-of-network calendar year deductibles. The in-network deductibles will never be higher than the out-of-network deductibles. A plan may have out-of-network deductibles only.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-15-05
04

2. ***Family Deductibles:*** These items will be included when the plan includes family deductible features. The amounts will vary within the stated ranges.

The Family Calendar Year Deductible amounts may apply as overall plan deductibles for in-network and out-of-network benefits combined, or there may be separate calendar year deductibles for in-network and out-of-network benefits. The in-network calendar year deductibles will be less than or equal to the out-of-network calendar year deductibles. The in-network deductibles will never be higher than the out-of-network deductibles. A plan may have out-of-network deductibles only.

3. ***Hospital Emergency Room Calendar Year Deductible:*** This item will be included when the plan includes such a feature. It applies per covered person. The amounts will vary within the stated ranges.
4. ***Accident Calendar Year Deductible:*** This item will be included when the plan includes such a feature. It applies per covered person. The amounts will vary within the stated ranges. The bracketed statement will be included when a policyholder's plan also includes an Accident Calendar Year Deductible. Accident related expenses applied to the inpatient deductible may also be used to draw down the accident deductible.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-15-10
04

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.
2. ***Calendar Year and Monthly Maximum Benefits:*** A “Monthly Maximum Benefit” may apply to only outpatient prescription drug expenses. The section heading will be revised according to the policyholder’s plan of benefits. The amounts will vary within the stated ranges. These items may be included or omitted. If included, they may apply to in-network expenses, out-of-network expenses, or both. The type of maximum will vary by the type of plan.
 - The calendar year maximum reserve for outpatient expenses may be omitted.
 - When the “Calendar Year Maximum Benefit” is included in a policyholder’s plan of benefits they may also include the Supplemental Calendar Year Maximum Benefit.
 - When the “Calendar Year Maximum Benefit” is included in a policyholder’s plan of benefits then the “Inpatient Calendar Year Maximum Benefit” and the “Outpatient Calendar Year Maximum Benefit” will not apply and vice versa.
 - The Calendar Year Maximum Benefits may apply to all expenses or only to certain expenses.
 - The paragraph regarding “additional benefit” will be included when the plan includes such coverage.

Plan options permit outpatient prescription drug expenses to reduce the “Outpatient Prescription Drug Calendar Year Maximum” *or* “Outpatient Prescription Drug Monthly Maximum”. Expenses may also reduce the “Calendar Year Maximum Benefit” *or* the “Outpatient Calendar Year Maximum Benefit” in accordance with the policyholder’s plan of benefits.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-15-15
04

1. This item will only be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.
2. ***Lifetime Maximum Benefits:***
These items may be included or omitted. If included, they may apply to In-Network expenses, Out-of-Network expenses, or both. The type of maximum will vary by the type of plan and whether or not a covered person is eligible for Medicare. The Lifetime Maximum Benefits may apply to all expenses or only to certain expenses. The amounts will vary within the stated ranges.
3. ***Lifetime Maximum Benefit Automatic Yearly Restoration:*** This provision may be included or omitted. If included, the amount may be varied to reflect the amount under the Policyholder's plan. The amounts will vary within the stated ranges.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-10-62
01

Mental Disorders and/or Substance Abuse

General Comments

- This section will only be included when the policyholder's plan design includes coverage for mental disorders and/or substance abuse in accordance with the 2008 Federal Mental Health Parity law.
 - The structure allows the plan design to contain different cost sharing and benefit limits to apply based on type of service or place of service.
 - The variable components of each benefit will be included when applicable to the policyholder's plan design.
 - Mandated state benefits and time frames will be included only to the extent that they improve a covered person's coverage under these benefits (e.g., lower deductible, high coinsurance, maximum number of days/visits, etc.).
1. The appropriate per admission/per visit coinsurance percentage will be included in accordance with the policyholder's plan and within the ranges shown. The calendar year deductible may or may not be included.
 2. The appropriate per admission/per visit copay or per admission/per visit deductible amount will be included in accordance with the policyholder's plan and within the ranges shown.
 - The calendar year deductible may apply or may not apply when a per admission/per visit copayment or deductible applies.
 - The plan coinsurance percentage that applies after the per admission/per visit copayment/deductible and calendar year deductible will be included in accordance with the policyholder's plan and within the ranges shown.
 3. A per day copayment/deductible may be included within the ranges shown and up to the applicable number of days shown on the schedule.
 - The calendar year deductible may or may not apply after to the per day copayment/deductible.
 - The amount of plan coinsurance that applies after the per day copayment/deductible and calendar year deductible will vary within the range shown.
 - The plan coinsurance percentage applicable to the remaining expenses after the per day copayment/deductible period will be included in accordance with the policyholder's plan and within the ranges shown.
 4. The calendar year deductible may be waived for each benefit.
 5. The policyholder may elect to waive a portion of the calendar year deductible rather than the entire deductible. The dollar amount of the deductible that may be waived will vary within the range shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-10-62
01

6. The Physician Services provision will be included when a separate cost-sharing for facility and physician services are included in the policyholder's plan. The percentage will vary within the range shown.
7. This item will be included when this benefit is not covered out-of-network.
8. The appropriate per visit copay or per visit deductible amount will be included in accordance with the policyholder's plan and within the range shown.

The calendar year deductible may or may not apply when a visit copayment or deductible applies.

Benefit Maximums

9. A maximum may or may not be applied. When no maximums apply, the maximum benefit lines will be omitted. Any time period, visit/admissions/treatment limits may vary within the ranges shown to reflect the benefit maximum selected by the policyholder.

One maximum or several maximums may be applied to any benefit in this section. Maximums may apply on a per day, calendar year, consecutive day or month or other defined benefit period basis, procedure, admission or dollar basis. Any dollar amount or duration shown may be varied within the ranges shown to reflect the benefit maximum selected by the policyholder.

For a plan that limits the ***total*** number of non-surgical physicians and specialists' visits per calendar/plan year for outpatient Mental Disorders please refer to **Notes 10** and **11** below.

10. This item will only appear if the plan selected by the policyholder limits the **total** number of non-surgical physicians and specialists visits in a year.
11. This item will only apply to a plan that limits the **total** number of non-surgical physicians and specialists visits in a year. It will only be included if the covered expense is a state mandate **and** it is included in the **total** number of non-surgical physicians and specialists visits per year.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-11-62
01

Mental Disorders and/or Substance Abuse

General Comments

- This section will only be included when the policyholder's plan design includes coverage for mental disorders and/or substance abuse in accordance with the 2008 Federal Mental Health Parity law.
 - The structure allows the plan design to contain different cost sharing and benefit limits to apply based on type of service or place of service.
 - The variable components of each benefit will be included when applicable to the policyholder's plan design.
 - Mandated state benefits and time frames will be included only to the extent that they improve a covered person's coverage under these benefits (e.g., lower deductible, high coinsurance, maximum number of days/visits, etc.).
1. The appropriate per admission/per visit coinsurance percentage will be included in accordance with the policyholder's plan and within the ranges shown. The calendar year deductible may or may not be included.
 2. The appropriate per admission/per visit copay or per admission/per visit deductible amount will be included in accordance with the policyholder's plan and within the ranges shown.
 - The calendar year deductible may apply or may not apply when a per admission/per visit copayment or deductible applies.
 - The plan coinsurance percentage that applies after the per admission/per visit copayment/deductible and calendar year deductible will be included in accordance with the policyholder's plan and within the ranges shown.
 3. A per day copayment/deductible may be included within the ranges shown and up to the applicable number of days shown on the schedule.
 - The calendar year deductible may or may not apply after to the per day copayment/deductible.
 - The amount of plan coinsurance that applies after the per day copayment/deductible and calendar year deductible will vary within the range shown.
 - The plan coinsurance percentage applicable to the remaining expenses after the per day copayment/deductible period will be included in accordance with the policyholder's plan and within the ranges shown.
 4. The calendar year deductible may be waived for each benefit.
 5. The policyholder may elect to waive a portion of the calendar year deductible rather than the entire deductible. The dollar amount of the deductible that may be waived will vary within the range shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-11-62
01

6. The Physician Services provision will be included when a separate cost-sharing for facility and physician services are included in the policyholder's plan. The percentage will vary within the range shown.
7. This item will be included when this benefit is not covered out-of-network.
8. The appropriate per visit copay or per visit deductible amount will be included in accordance with the policyholder's plan and within the range shown.

The calendar year deductible may or may not apply when a visit copayment or deductible applies.

Benefit Maximums

9. A maximum may or may not be applied. When no maximums apply, the maximum benefit lines will be omitted. Any time period, visit/admissions/treatment limits may vary within the ranges shown to reflect the benefit maximum selected by the policyholder.

One maximum or several maximums may be applied to any benefit in this section. Maximums may apply on a per day, calendar year, consecutive day or month or other defined benefit period basis, procedure, admission or dollar basis. Any dollar amount or duration shown may be varied within the ranges shown to reflect the benefit maximum selected by the policyholder.

For a plan that limits the ***total*** number of non-surgical physicians and specialists' visits per calendar/plan year for outpatient Mental Disorders please refer to **Notes 10** and **11** below.

10. This item will only appear if the plan selected by the policyholder limits the **total** number of non-surgical physicians and specialists visits in a year.
11. This item will only apply to a plan that limits the **total** number of non-surgical physicians and specialists visits in a year. It will only be included if the covered expense is a state mandate **and** it is included in the **total** number of non-surgical physicians and specialists visits per year.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-13-62
01

Mental Disorders and/or Substance Abuse

General Comments

- This section will only be included when the policyholder's plan design includes coverage for mental disorders and/or substance abuse in accordance with the 2008 Federal Mental Health Parity law.
 - The structure allows the plan design to contain different cost sharing and benefit limits to apply based on type of service or place of service.
 - The variable components of each benefit may be included when applicable to the policyholder's plan design.
 - Mandated state benefits and time frames will be included only to the extent that they improve a covered person's coverage under these benefits (e.g., lower deductible, high coinsurance, maximum number of days/visits, etc.).
1. The appropriate per admission/per visit coinsurance percentage will be included in accordance with the policyholder's plan and within the ranges shown. The calendar year deductible and the reference to a may be included or omitted.
 2. The appropriate per admission/per visit deductible amount will be included in accordance with the policyholder's plan and within the ranges shown.
 - The calendar year deductible may apply or may not apply when a per admission/per visit deductible applies.
 - The plan coinsurance percentage that applies after the per admission/per visit deductible and calendar year deductible will be included in accordance with the policyholder's plan and within the ranges shown.
 3. A per day /deductible may be included within the ranges shown and up to the appropriate number of days shown on the schedule.
 - The calendar year deductible may or may not apply after the per day deductible.
 - The amount of plan coinsurance that applies after the per day deductible and calendar year deductible will vary within the range shown.
 - The plan coinsurance percentage applicable to the remaining expenses after the per day deductible period will be included in accordance with the policyholder's plan and within the ranges shown.
 4. The calendar year deductible may be completely waived for each benefit.
 5. The policyholder may elect to waive a portion of the calendar year deductible rather than the entire deductible. The dollar amount of the deductible that may be waived will vary within the range shown.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-13-62
01

Benefit Maximums

6. A maximum may or may not be applied. When no maximums apply, the maximum benefit lines will be omitted. Any time period, visit/admissions/treatment limits may vary within the ranges shown to reflect the benefit maximum selected by the policyholder.

One maximum or several maximums may be applied to any benefit in this section. Maximums may apply on a per day, calendar year, consecutive day or month or other defined benefit period basis , procedure, admission or dollar basis. Any dollar amount or duration shown may be varied within the ranges shown to reflect the benefit maximum selected by the policyholder.

7. This item will be included if the policyholder requests a different cost share for other hospital expenses other than room and board.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-14-62
01

TREATMENT OF SUBSTANCE ABUSE AND/OR MENTAL DISORDERS:

General Comments

- This section will only be included when the policyholder's plan design includes coverage for mental disorders and/or substance abuse in accordance with the 2008 Federal Mental Health Parity law.
 - The structure allows the plan design to contain different cost sharing and benefit limits to apply based on type of service or place of service.
 - The variable components of each benefit may be included when applicable to the policyholder's plan design.
 - Mandated state benefits and time frames will be included only to the extent that they improve a covered person's coverage under these benefits (e.g., lower deductible, high coinsurance, maximum number of days/visits, etc.).
1. The coinsurance percentages, per admission deductibles will vary within the stated ranges. The applicable calendar year deductible may apply or be waived. The reference to an inpatient and/or outpatient calendar year deductible may be omitted if one or both is not included in the policyholder's plan design.
 2. Maximums may or may not be applied. They will vary within the stated ranges. When no maximums apply, the maximum benefit lines will be omitted.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-15-62
01

Mental Disorders and/or Substance Abuse

General Comments

- This section will only be included when the policyholder's plan design includes coverage for mental disorders and/or substance abuse in accordance with the 2008 Federal Mental Health Parity law.
 - The structure allows the plan design to contain different cost sharing and benefit limits to apply based on type of service or place of service.
 - The variable components of each benefit will be included when applicable to the policyholder's plan design.
 - Mandated state benefits and time frames will be included only to the extent that they improve a covered person's coverage under these benefits (e.g., lower deductible, high coinsurance, maximum number of days/visits, etc.).
1. The coinsurance percentages, per admission deductibles will vary within the stated ranges. The applicable calendar year deductible may apply or be waived. The reference to an inpatient and/or outpatient calendar year deductible may be omitted if one or both is not included in the policyholder's plan design.

Benefit Maximums

2. A maximum may or may not be applied. When no maximums apply, the maximum benefit lines will be omitted. Any time period, visit/admissions/treatment limits may vary within the ranges shown to reflect the benefit maximum selected by the policyholder.

One maximum or several maximums may be applied to any benefit in this section. Maximums may apply on a per day, calendar year, consecutive day or month or other defined benefit period basis, procedure, admission or dollar basis. Any dollar amount or duration shown may be varied within the ranges shown to reflect the benefit maximum selected by the policyholder.

AETNA LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY

Group Accident and Health Certificate Form GR-9
Certification For Substance Abuse or Mental Disorders

Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected based upon the specific plan of benefits or provisions selected by the customer from the many options that are available. Any change made to the language will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.

The placement of the text within the certificate may vary to avoid gaps that would otherwise be created by the deletion of bracketed text. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands.

Certificate Insert Page GR-9 12370

Certification For Substance Abuse or Mental Disorders

1. This item will be included in a PPO. This may also be changed to read “who is a Primary Care Physician.”
2. Any of the items in the bulleted list may be omitted.
3. One of these items will be selected by the Policyholder.

AETNA LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY

Group Accident and Health Certificate Form GR-9
Treatment of Mental Disorders and Substance Abuse

Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected based upon the specific plan of benefits or provisions selected by the customer from the many options that are available. Any change made to the language will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.

The placement of the text within the certificate may vary to avoid gaps that would otherwise be created by the deletion of bracketed text. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands.

This form will only be used when the policyholder's plan design includes coverage for mental disorders and/or substance abuse in accordance with the 2008 Federal Mental Health Parity law.

Mandated state benefits and time frames will be included only to the extent that they improve a covered person's coverage under these benefits (e.g., lower deductible, higher coinsurance, maximum number of days/visits, etc.).

Certificate Insert Page GR-9 12369
Treatment of Mental Disorders and Substance Abuse

1. The heading may be adjusted to reflect whether one or both of these benefits apply.
2. This section may be removed in its entirety if there is no state mandate or mandated offer for this benefit **and** the policyholder does not elect to include this coverage.
3. This item may be omitted.
4. The heading and the following paragraph will be removed if the policyholder's plan design does not include treatment for partial confinements.
5. The definition of Mental Disorders may be moved to the Glossary.
6. Any of the items shown within the first bracket may be removed provided that coverage is not provided for that care or treatment under policyholder's plan.
7. The number of hours may be increased.
8. This entire section may be moved to the Summary of Coverage.
9. The column headings and the "Aetna Non-Preferred Network Care" may be removed if the plan is an indemnity plan.

10. This section provides the Policyholder with the option to apply certain plan features to coverage for Mental Disorders and/or Substance Abuse that are separate from the plan features applicable to the remainder of the medical plan (e.g. separate deductible, calendar year maximum, lifetime maximum, etc.).
11. The cost sharing that applies to Mental Disorders and/or Substance Abuse will be modified in accordance with the 2008 Federal Mental Health Parity Law and any applicable state mandates/mandated offers.